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## YALE HONORS MISS NUTTING

“ONE of the most useful women in the world!” In terms of such distinction Professor William Lyon Phelps presented our revered Mary Adelaide Nutting to President Angell of Yale, for the conferring of the honorary degree of Master of Arts at the recent Commencement exercises, where she was the only woman honored.

No more fitting praise could have been bestowed upon the woman who, through a life time of exalted, self abnegating and altruistic endeavor, has to her credit so much of solid achievement in developing and standardizing nursing education. Year by year the lives and the service of nurses have been enriched by Miss Nutting's wise, persistent and far reaching efforts to make available to them the abundant contributions science, literature, history and the arts offer to nursing. Year by year the courses made available by the Department of Nursing and Health at Teachers College have been multiplied and strengthened to meet the ever increasing demands upon nurses. Through her students, Miss Nutting's lofty ideal for nurses—that of devoted and satisfying service of mind as well as of hand and of heart, based on sound and rigorous preparation—has been given to the world. Those who are proud to call themselves her “daughters,” imbued with something of her courage, vision, and idealism, have taken their places in the forefront of the battle for health until it is not too much to say that, wherever educated nurses are, the world over, the influence of her teaching has been felt by an expansion of the preparation of nurses and through them, of an improvement in the care of the sick and an extension of health teaching.

The *Journal* and its readers, we are sure, are in complete accord in rejoicing over this distinguished recognition of a nurse's contribution to the work of the world and of the honor to Miss Nutting, which was expressed as follows:

“Mary Adelaide Nutting. Born in Quebec, her original impulse was toward the arts and she studied painting and music in Canadian and American schools. She gave up that career to become a member of the first class of the Johns Hopkins

Training School for nurses. Later she became superintendent, and initiated most of the progressive policies that made that pioneer school preminent. She was the first nurse to receive a chair in institutional administration in Teachers College, Columbia, where she organized a large department, training hundreds every year. Her zeal and knowledge made her conspicuous during the war, when she was appointed by President Wilson chairman of the Committee on Nursing in the Council of National Defense. She was awarded the Liberty Service medal of the National Institute of Social Sciences. She is joint-author of an authoritative History of Nursing. Her devotion, courage, faith, skill, and magnificent perseverance have made her today one of the most useful women in the world."

#### THE CONVENTION

**T**HE Seattle convention has taken its place in nursing history and those who attended the Atlanta meeting aver that all the glittering promises there made by the Seattle nurses have been fulfilled, with some surprises thrown in for good measure. About two thousand nurses, including a few undergraduates sent through the splendid efforts of their fellow students, registered in the hilly, friendly, wholly fascinating city by the Sound and never has one of our great gatherings been characterized by finer spirit. Good fellowship combined with earnest purpose was in the very air.

The far famed hospitality of the West was evidenced by the most detailed plans for the comfort and pleasure of the visiting throng and for the efficient conduct of the meetings. The handsome and spacious Y. W. C. A. was quite literally ours for the time being. Plymouth Church, with its facilities for the meeting of many groups, lent itself admirably to convention purposes and no finer auditorium for the great evening meetings could have been desired than that of the Presbyterian Church. A daily bulletin proved exceedingly useful in keeping the guests reminded of important meetings or the inevitable changes of programme.

A coöperative spirit of optimism and of determination to achieve, characterized the entire meeting. This in combination with the scholarly papers and addresses, together with thoughtful and well planned discussions in which it was good to see some of the younger women taking part, made the meeting one of outstanding worth.

It was a hard working convention; although the programme was lightened by the vigorous and tuneful battles of St. Paul and other cities for the next Convention which Detroit won. Round tables starting at eight o'clock each morning were surprisingly well attended, the only difficulty being the necessity for making a decision as to which would prove most profitable. The Programme Committee succeeded in avoiding duplication of business meetings and provided generously for joint meetings, but those interested in more than one

phase of nursing were frequently torn by their various interests, as on the morning when the American Nurses Association was occupied with private duty problems, the League with such problems as the classification or grading of schools, and the National Organization for Public Health Nursing with its various section meetings, each concentrating on a particular type of nursing.

Perhaps the most advanced note was struck by Dr. William Palmer Lucas in his address on the Normal Development of the Child, in which he brought to the great audience some realization of the haziness of our objective. Year by year we have fought disease, more and more we are teaching health despite the fact that most nurses have no clear concept of positive health nor a clear picture of the normal which should be the goal in all health work whether preventive or remedial.

Said Dr. Lucas, The period of childhood is the most important in life. The influences of the past are of great importance and cannot be changed. Those that shape the first experiences are of equal importance and are capable of great modification. It is in this relationship that the nurse has her greatest opportunity in assisting in the normal development and growth of the child and to have a clear and definite comprehension of what the normal development of a child should be, not only as to its physical, but also on its mental, emotional and moral side. There is probably no one individual who can bring to the home and the mother knowledge of such practical value as the nurse.

Following Dr. Lucas, Dr. Caroline Hedger humorously but forcefully emphasized the importance of positive health for nurses if they are to fulfill their destiny.

A friendly but needed word of warning was that of the lay speaker who told the story of a nurse who was embarrassed because she had used a term of endearment to a little child and begged our "very efficient profession" not to lose the outward evidences of the warmth of heart that is fundamental to all good nursing.

Miss Goodrich's address, The Place of the Nurse in a Democracy, at the joint opening session was based on the line, "Give me the wings of great desire," and was in her own best inspirational vein. We are sure every listener vowed to strive a little harder to utilize more fully the intellectual riches of other groups as well as those of our own. Dr. Beard, too, sounded a veritable trumpet call by quoting Gideon's famous message, "Say to the people that they go forward." There can be no lowering of standards and no slacking of effort, in Dr. Beard's opinion, if we are to meet our responsibilities.

Everyone was on the *qui vive* for the report of the committee on Nursing Education, which was not read until Thursday evening. The first reaction was one of disappointment—surely here was nothing new! The problems analyzed were the very same as those the League of Nursing Education had already been concentrating upon! On

second thought, however, there was felt to be an incalculable value in this study under the direction of a lay woman who is so well versed in scientific and unbiased methods of analysis, and which reached conclusions so similar to our own. Such analysis gives both moral and intellectual support as well as an assured and scientific basis for further development. A letter was sent from the nurses in convention assembled, to Dr. C. E. A. Winslow, Chairman of the Committee, in appreciation of the achievement.

The closing sessions of the convention were marked by summaries of the highly creditable amount of work accomplished and by the expressions of sincere appreciation of the service rendered by the officers of the three organizations. Clara D. Noyes, retiring President of the American Nurses Association, may well rejoice over the achievement of her administration in establishing National Headquarters and in securing, by the recent vote, an increase in dues which will permit of a needed expansion of Headquarters activities. Adda Eldredge, well qualified by her years of membership on the Board of Directors and her experience as Interstate Secretary, succeeds Miss Noyes. Mrs. Twiss and Miss De Witt, who have given devoted service as Treasurer and Secretary, respectively, become members of the Board of Directors. Anna C. Jamme, under whose direction the National League of Nursing Education has marched steadily forward, leaves it the richer for her guidance and with forward looking plans well under way. Laura R. Logan, who has served successively as Secretary and Vice-President, and who was the unopposed candidate for President now assumes the duties of that office. Elizabeth Fox was reflected President of the National Organization for Public Health Nursing. Miss Fox came to the presidency to fill an unexpired term at a time of deep anxiety. The large majority which returned her to office was an expression of the appreciation of the organization for her wise leadership.

As is the *Journal's* custom, the September issue will be given over exclusively to the proceedings, and some of the papers, of the American Nurses' Association.

#### REPORT OF THE COMMITTEE ON NURSING EDUCATION

**T**HE idea of an impartial and scientific study and investigation of our system of nursing education is by no means new! The Society of Superintendents of Training Schools (now the League of Nursing Education), appealed in vain to the Carnegie Foundation for such a study in 1911, shortly after their epochal study of medical education had been completed. It was the pressing need for more and better public health nurses three years ago that finally caused the Rockefeller Foundation to become interested in the whole problem

of securing suitable educational opportunities for all nurses, as well as for those preparing for the public health field. The Committee is composed of nineteen persons (only six of whom are nurses), of great distinction in various fields of education and who hold widely dissimilar views on many subjects. Miss Josephine Goldmark acted as secretary and director of the study and her high achievements in other social investigations guarantee her study the respectful consideration of the thoughtful. The fact that the Committee, composed of a group of exceedingly diverse and independent thinkers, unanimously accepted the final report, is highly significant.

Miss Goldmark's very detailed report, filling some four hundred pages, will shortly be published as a supplement to the work of the Committee. It will offer specific assistance in solving the many problems presented. The conclusions of the Committee may be found on page 882 of this *Journal*. They merit the most thoughtful attention of every nurse.

We believe that many who read the report will experience a reaction similar to that of the great audience at Seattle before which Miss Goodrich read it—an initial astonishment that there is so little that is really new and then a profound satisfaction in the knowledge that the Committee has reached conclusions so similar to those of the more advanced thinkers among nurses. All of these matters have been thoughtfully discussed at our national meetings time and time again. Careful study reveals the fact that all of the plans recommended are already in operation some place—not very generally, nor always completely, to be sure, but every one of them has somewhere been set up as a goal by courageous workers. Many of the schools are steadily reducing the non-educational duties of students by employing salaried workers of various grades. A few schools have adopted the twenty-eight months' course with its preliminary high school requirement and its rich and carefully planned curriculum, for the experiment of reducing time for college women proved conclusively that the well prepared woman could cover the basic course in less than three years; schools are working toward endowments, University schools are becoming stronger, and a few states are actively concerned with the training and licensure of subsidiary workers.

This is our opportunity for bringing nursing wholly out of the obsolete and wasteful apprenticeship type of training into an ordered, systematic, and dignified educational system comparable to that of the other professions. The report shows the world the means for solving our problems—it does not solve them for us. A sound economic basis, well rooted in community understanding, we must

have for our schools. Ours must be the long hours of planning and reorganizing; ours the uninterrupted essential service of caring for the sick in our hospitals while the reorganization and separation of school and hospital is going on; ours the satisfaction of securing for students a basic preparation upon which they may confidently build their life work; ours the responsibility for securing suitable legislation to meet the requirements of the shortened course and for the preparation and licensing of the needed subsidiary workers.

We believe the report to be a challenge to every nurse. Those who are not directly connected with our schools owe it to a great cause to become informed. The collective opinion of private duty nurses, constructively used, should become a power in the land. Splendid, clear cut, and wholly constructive though it is, the report can serve its purpose only through nurses. Every phase of individual and community need for care in sickness and every phase of health teaching has been considered.

Our responsibility is clearly shown and the report gives us solid ground on which to stand. From within must come the changes in our educational system; from without must come support, social, intellectual and financial. This last we believe to be the most signal service the report renders. Efficient administration of schools for nurses requires that they have independent and adequate budgets. It has never been just to school or hospital to expect budgets raised for the care of the sick to be stretched to cover the expense of an educational system as well. Thousands of those who have not listened to the pleas of nurses for better support for schools, will be reached by this scientific and unbiased analysis. It will disabuse many minds of that curious idea that nurses are more concerned with securing a dignified status for themselves than with the worth of their contribution to the health of the world. It will put in the hands of the citizens who are concerned with the advancement of our health ideals, sound arguments for securing the support of other citizens.

We believe the three years' laborious work of the Committee ushers in a new era in nursing that will approximate our ideal of safe and suitable care for all the sick all of the time. It will be a glorious era and a shining page in the history of American women, if we really put our collective strength into wise use of this report.

#### NURSING PROCEDURES

**N**URSES who were in service will recall the diversity of opinion on nursing procedure often expressed. Resentment was all too frequently roused by a head nurse's criticism of a method that seemed to her who was criticized, the one and only proper method, even

though her defense of it was all too often based on that oft heard and illogical statement, "But *we* always did it that way." The war is over, but the condition described exists in many a hospital today. Procedures are perpetuated merely because "they have always been done that way" without much thought of the reasons that should underlie all good technique.

Who shall decide the right way or the wrong way to carry out a treatment? What are the fundamental principles of all good procedure? A recent writer asks: "Shall we have a frilly method in the class room and another in the ward?" Another warns against the dangers of a mechanized routine which ignores the true spirit of nursing. A too elaborate class room method seems as absurd as "company manners." Is it not better to develop a technique that like good breeding, will become so much a part of one's behavior under usual conditions that one's reactions become almost automatic and can be adjusted without awkwardness or sense of strain to unusual conditions? Like the manners of the well bred, it must be based on fundamentals and it must be adaptable.

The usual nursing procedures should be so nearly automatic that the mind of the nurse is freed for observation of her patient, of his mental state, his facial expression, and all of the innumerable signs and symptoms that make up the whole picture of his condition. This and the comfort of the patient are the object of the painstaking repetition and drill required of our students.

Under emergency conditions actual nursing procedure offers to the live minded a satisfaction akin to that of the creative artist. Here lies one secret of the lure of private duty and of visiting nursing for those nurses who enjoy pitting their wits against difficult situations. The nurse in a poorly equipped Kansas farm house where corn alone was plentiful, who gave a successful hot pack by placing steaming ears of boiled corn between the blankets, must have experienced the joy of the originator, and her method met the accepted standards for judging procedure which demand that the following results be attained: (1) Safety (protection of patient and surroundings); (2) Therapeutic effect; (3) Comfort and happiness of the patient; (4) Economy of time; (5) Economy of energy; (6) Economy of materials; (7) Neatness and finish; (8) Simplicity and practicability.

*Journal* readers would welcome concise descriptions, which have not appeared in the textbooks, of procedures which have been developed in accordance with the principles of scientific research and accepted after careful observation and checking up of results. Let others know what you have done to further the "fine art of nursing"

## FROM THE REPORT OF THE COMMITTEE ON NURSING EDUCATION<sup>1</sup>

### OBJECTS AND SCOPE OF THE INVESTIGATION

THE Committee which presents the following report was first appointed by the Rockefeller Foundation in January, 1919, to conduct a study of "the proper training of public health nurses." It was, therefore, the pressing need for more, and for better nurses in the field of public health, that first suggested the desirability for such an investigation. It soon became clear, however, that the entire problem of nursing and of nursing education, relating to the care of sick as well as to the prevention of disease, formed one essential whole and must be so considered if sound conclusions were to be attained. A year later, in February, 1920, the Foundation requested us to broaden the scope of our inquiry to include "a study of general nursing education, with a view to developing a programme for further study and for recommendation of further procedure. We have attempted, therefore, to survey the entire field occupied by the nurse and other workers of related type; to form a conception of the tasks to be performed and the qualifications necessary for their execution; and on the basis of such a study of function to establish sound minimum educational standards for each type of nursing service for which there appears to be vital social need.

### CONCLUSION I

That, since constructive health work and health teaching in families is best done by persons: (a) capable of giving general health instruction, as distinguished from instruction in any one specialty; and (b) capable of rendering bedside care at need, the agent responsible for such constructive health work and health teaching in families should have completed the nurses' training. There will, of course, be need for the employment, in addition to the public health nurse, of other types of experts such as nutrition workers, social workers, occupational therapists, and the like. That as soon as may be practicable all agencies, public or private, employing public health nurses, should require as a prerequisite for employment the basic hospital training, followed by a post-graduate course, including both class work and field work, in public health nursing.

<sup>1</sup> Dr. C. E. A. Winslow, Professor of Public Health, Yale Medical School, Chairman, Miss Josephine Goldmark, 270 West 94th Street, New York City, Secretary of the Committee on Nursing Education.

CONCLUSION II

That the career open to young women of high capacity, in public health nursing or in hospital supervision and nursing education is one of the most attractive fields now open, in its promise of professional success and of rewarding public service; and that every effort should be made to attract such women into this field.

CONCLUSION III

That for the care of persons suffering from serious or acute disease the safety of the patient, and the responsibility of the medical and nursing professions, demand the maintenance of the standards of educational attainment now generally accepted by the best sentiment of both professions and embodied in the legislation of the more progressive states; and that any attempt to lower these standards would be fraught with real danger to the public.

CONCLUSION IV

That steps should be taken through state legislation for the definition and licensure of a subsidiary grade of nursing service, the subsidiary type of worker to serve under practicing physicians in the care of mild chronic illness, and convalescence, and possibly to assist under the direction of the trained nurse in certain phases of hospital and visiting nursing.

CONCLUSION V

That, while training schools for nurses have made remarkable progress, and while the best schools of today in many respects reach a high level of educational attainment, the average hospital training school is not organized on such a basis as to conform to the standards accepted in other educational fields; that the instruction in such schools is frequently casual and uncorrelated; that the educational needs and the health and strength of students are frequently sacrificed to practical hospital exigencies; that such shortcomings are primarily due to the lack of independent endowments for nursing education; that existing educational facilities are on the whole in the majority of schools inadequate for the preparation of the high grade of nurses required for the care of serious illness, and for service in the fields of public health nursing and nursing education, and that one of the chief reasons for the lack of sufficient recruits, of a high type, to meet such needs lies precisely in the fact that the average hospital training school does not offer a sufficiently attractive avenue of entrance to this field.

## CONCLUSION VI

That, with the necessary financial support and under a separate board or training school committee, organized primarily for educational purposes, it is possible, with completion of a high school course or its equivalent as a prerequisite, to reduce the fundamental period of hospital training to twenty-eight months and at the same time, by eliminating unessential, non-educational routine, and adopting the principles laid down in Miss Goldmark's report to organize the course along intensive and coordinated lines with such modifications as may be necessary for practical application; and that courses of this standard would be reasonably certain to attract students of high quality in increasing numbers.

## CONCLUSION VII

Superintendents, supervisors, instructors, and public health nurses should in all cases receive special additional training beyond the basic nursing course.

## CONCLUSION VIII

That the development and strengthening of University Schools of Nursing of a high grade for the training of leaders is of fundamental importance in the furtherance of nursing education.

## CONCLUSION IX

That when the licensure of a subsidiary grade of nursing service is provided for, the establishment of training courses in preparation for such service is highly desirable; that such courses should be conducted in special hospitals, in small unaffiliated general hospitals or in separate sections of hospitals where nurses are also trained; and that the course should be of eight or nine months' duration, provided the standards of such schools be approved by the same educational board which governs nursing training schools.

## CONCLUSION X

That the development of nursing service adequate for the care of the sick and for the conduct of the modern public health campaign demands as an absolute prerequisite the securing of funds for the endowment of nursing education of all types; and that it is of primary importance, in this connection, to provide reasonably generous endowment for University Schools of Nursing.

## PROFESSIONAL ETHICS

### *Some Replies to a Questionnaire*

**A**RE nurses commercial? Are they selfish materialists? Is the spirit of service that animated our pioneer women wholly lost? These and similar questions have confronted the older women of the profession so persistently that the whole question of Professional Ethics was made a matter of major importance at the Annual Conference of the Alumnae of the Department of Nursing and Health of Teachers College.

In preparation for the event a questionnaire was sent out and the outstanding points in the answers of sixteen thoughtful persons who are in touch with many phases of nursing are here briefly summarized. Repeated emphasis on the importance of example rather than precept indicates clearly the seriousness of the task assumed by those who teach. Concessions made to fill schools by bringing in immature and poorly prepared students are indicated as responsible for many of our difficulties with both students and graduates, inasmuch as we are now dealing, even in schools with relatively high educational requirements, with unformed characters which need more careful guidance than some of the schools have been prepared to give. It is not reasonable to expect just the same type of achievement from these nurses as was the rule when students entered training at a more mature age and after their ideals, based on the bed-rock of formed character, were fully developed.

Confidence in the youth of today when given suitable opportunity for growth and self-expression, and a belief in the growing social consciousness of nurses, are the keynotes of the more constructive replies received. The thought provoking questions follow:

**I. *What are our greatest problems of personal and professional conduct as you see them today?***

The tendency towards materialism, to use nursing as a means to a selfish end, and failure to see the larger ends of humanitarianism and of true religion, were offered by a large number. Many of the writers believe these tendencies are due to the concessions made in order to fill our schools—concessions that have permitted the acceptance of relatively large numbers of immature and, all too frequently, poorly prepared students. A few believe these tendencies to be evidence of a changing social order.

**II. *Are the older standards of ethics a sufficient guide in helping us to meet these problems? Are they inadequate or out of date?***

Several writers stressed the importance of providing for self-

development and for eliminating the military idea of training with its tendency to develop subserviency. The importance of discriminating between ethics and etiquette was also stressed. The director of a great school answered most inspiringly as follows: "The old standard is the true one. All ethics is based on the Sermon on the Mount, but must be taught through a psychological approach adapted to the understanding of the young women of today."

III. *Among the nurses in your group or community, what indications do you find of a better social attitude and higher ethical conduct? What indications of a lower standard? To what do you attribute these tendencies mainly?*

An expanding social consciousness is demonstrated in many ways—particularly by the zeal with which nurses are constantly opening up new fields, by their success in interesting ever-widening groups of people in nursing, and by the willingness of relatively large groups to enter the comparatively poorly paid field of public health. (b) Lower standards are shown by a tendency to commercialism—a situation made rather worse, instead of better, by the attacks of such medical men as believe nurses are merely vassals or handmaidens instead of helpmates to physicians. (c) The hospitals are to blame, in some instances, for lower standards. It is inevitable that when nurses are trained under a system requiring a maximum of work and giving a minimum of education and consideration to pupils, that they should tend, also to demand much and give little. One writer, with perhaps the same thought in mind, believes that the ethics of nurses are neither better nor worse than the ethics of those about them.

IV. *In what respect, if any, do you find the younger generation differ from the women of ten or twenty years ago? What changes are required in dealing with them?*

A few answers indicate the belief that the students in schools which make a careful selection are fundamentally as altruistic as the women of pioneer days. Many believe that present day irresponsibility is due to actual lack of home training. Practically all are agreed that the youth of the student of today calls for an adjustment in our schools which recognizes the fact that we are now dealing with developing, rather than fully developed personalities, and it behooves us to plan carefully in order that the influence of the school may be wholly constructive. The whole trend of the times is towards democracy and away from autocracy and the military idea of discipline is rapidly becoming a thing of the past. It is significant that one writer only expresses a belief in the necessity for maintaining the older type of discipline; the others all recognize the necessity for helping the students of today to develop poise, and a high ethical and

social sense, together with independence and self-expression. Some answers indicate that the economic independence of the young woman of today has tended to make her morally, spiritually and intellectually independent as well.

V. *In your own professional training and experience, what influences helped most in holding you and your associates to a high standard of ethical conduct and in making you a socially effective and useful person?*

(b) *What influences have tended to weaken and narrow you?*

(a) The answers to this question are exceedingly illuminating as in almost every instance the example of good women and fine nurses, super-imposed upon fine ideals in the home, are shown to have been dominating factors. Here, too, the effects of religious teaching and beliefs are shown to have been a definite influence as was the case of those writers in whose home training the Golden Rule stood out as a guiding star. Inherent qualities of character and love of the profession are also enumerated several times.

(b) The discussion of retarding influences is especially thought provoking. The crushing atmosphere of repression under the military system is frequently referred to and the failure of schools to provide sufficient leisure and suitable means of enjoying it, such as provision for outside contacts, is referred to over and over again. Others affirm that they have been retarded by lack of a definite goal, by the excessive physical demands of the hospitals, and by inadequate training.

VI. *What methods have you found most effective in bringing about a wholesome professional morale in groups of students or graduate nurses in helping them to meet ethical and social problems in a fine way?*

Here the majority find that the best results are secured by frank discussions, an impartial distribution of praise and blame, by adopting an honor system, or some system of self-government. Here again the force of example is found to be a dominating influence; and a study of the lives of great nurses, as well as the influence of the outstanding women in their own groups is found to be helpful. The study of the history of nursing in preliminary and even in pre-nursing courses was frequently recommended.

*What are your greatest difficulties?*

These are found to be due in large measure to "lack of early ethical training and consequent inability to think quickly toward a correct decision" and to a narrow view of our profession with a lack of real interest in people, together with an undue emphasis on personal rights. Many writers acknowledge a serious difficulty in finding

methods of interesting their groups, either graduate or student, in the larger social opportunities and obligations of the profession. Says one writer:

"In making a careful study of the work and recreation of the young people of today, one would decide that what we really need to do is to teach the people how to play properly and how to spend the free time belonging to themselves, rather than to teach them how to work and to serve. This statement is made with the fullest optimism, although I realize it does not sound so. I have a great abiding faith in the young woman of today. I find she rises to meet every important occasion, that her judgments are good and her action is prompt. It is the daily life, not the great occasion that needs to be guided in some way. She has not learned and is not willing to learn the great lesson, that we measure up to the greatest opportunities of one's work only in so far as we are willing to accept its obligations, and after we have met its obligations, to continue investing our time, interest and effort in it. *It is this surplus investment that brings the greatest result.*

VII. *What plan would you suggest for arousing the effort and interest of nurses generally in strengthening our ethical standards and in making them more widely effective?*

The answers to this question are so diverse as to render a real summary impossible, but again an emphasis on the force of example and the value of biographical material is emphasized and one writer begs that the religious feeling which the student brings to the school be nurtured.

Several answers stress the importance of an appreciation of the psychology of the younger women who have the courage and ability to live up to the ideals expected, but not arbitrarily demanded of them, and one states plainly that only by this means can we hope to obtain large numbers of desirable students and thus "improve the stock." One writer asks if perhaps a bonus and demerit system is not the answer to the graduate problem and pertinently asks if the enthusiastic, optimistic and conscientious worker should not be paid more than the indifferent, grouchy nurse who does her work only for the sake of the salary?

The influence of well organized alumnae associations is felt to be of prime importance by a number of writers, because here the real meaning of a profession can be kept before graduate nurses. One Alumnae Association has found a "Grievance Committee" an effective agent in improving conditions. Another believes that more rigid enforcement of rules and regulations regarding the dismissal of nurses from directories and organizations would arouse effort to maintain higher ethical standards. We quote in full the recommendations of a writer who reveals an unusual grasp of the whole situation:

Professional registries open to graduates, attendants, and practical nurses (whose capability, personality, etc., have been investigated by registry). This as a means of making nurses feel that the whole nursing situation is "up to them," i. e., under their control.

A study of the results of student government or class organization in schools where it has been tested under favorable conditions and the opinion of principals of nursing schools as to the ethical standards developed by these systems would be interesting.

For students—more lectures and education on current topics, other lines of education, etc. Membership in and attendance on student volunteer organizations and conventions. Encourage visits to other nursing schools and combined activities of schools.

For graduates—greater interest in women's organizations, such as civic and city clubs, as well as nursing organizations. Encourage nurses in special lines of work to join other organizations in different fields of their type of work. For example, nurse teachers would probably benefit by joining the National Educational Association.

Alumnae associations should be encouraged to a closer connection with their training schools in an endeavor to help the schools. They should also send more of the younger graduates to nurses' conventions.

More education of Training School Committees with attendance of chairman of such committees at conventions if possible.

When the educational problem has been solved by fewer and better schools, combined and central schools, combined preliminary courses, combined instructors, etc., the standard of professional ethics will adjust itself to a great extent.

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## PAID VISITING NURSE SERVICE

BY ANNIE M. EARLEY, R.N.

*Providence, R. I.*

**I**N THE early days of visiting nursing associations their work lay wholly among the poor, and the object and aim of organization was to furnish skilled nursing care in their own homes for those unable to pay for such service. Stress was laid upon the fact that this was a charitable work, and the nurses of those days were not allowed to receive payment from their patients.

As time went on, however, there arose the problem of the families who needed and desired just the service that the visiting nurse was able to give, but who were unwilling to accept charity. To meet this situation a new policy was adopted and the work placed on a different basis.

Patients able to pay wholly or in part for nursing service were expected to do so according to their ability. Patients too poor to pay anything were made to feel that the same service was extended to them in exactly the same spirit as before; and that they would always

receive the same consideration. At that time the cost per visit was about fifty cents, and the sums collected by the nurses varied in amount from five cents to the full cost. At the present time, cost price is charged for regular visits if fully paid for, the amount usually ranging from fifty to eighty cents.

Such a radical change of policy naturally meant some difficulty in reëducating the public, but once accomplished, placed the whole plan of visiting nursing work on a better and sounder footing. To pay even a small part of the cost of a visit brings a feeling of self-respect to the patient and places a higher value on the service received.

Another need became apparent. There were many families unable to pay the salary of a private nurse, but who could afford a little more than up to that time they had been able to get from a visiting nurse. They could afford to pay for a nurse at a specified time instead of at the time she could best go; they could afford to pay for her services during the time of confinement; and they could afford to have her relieve a private nurse or a tired member of the family for a definite period of time.

To meet this demand there has been established in a number of places an hourly nursing service which furnishes all these things on a paying basis with no question of philanthropy. A visit on the hourly service usually costs about a dollar for the first hour with a reduction for all succeeding hours. This is slightly in advance of the actual cost of a visit; and these charges make this service self-supporting for the association and a very valuable assistance to many families.

Nurses for operations and confinements are usually furnished for five dollars irrespective of the number of hours spent at the house. As many calls for this service come at night, arrangements must be made whereby a nurse can be furnished at any hour. In some cities the night calls are taken by the day staff either in rotation or according to district, and the time is made up to the nurse the next day. By another arrangement, one nurse spends the morning at work, is off duty in the afternoon, and on call for the evening and night. If called out at night she remains off duty the following day.

When possible, the full time night nurse is generally considered the most satisfactory arrangement. During the day, calls for this service are answered promptly by arranging that a nurse keep in constant touch with the office. The work done under these conditions often presents striking contrasts. The nurse's first call may be upon the "well-to-do" patient who wishes a bath, a dressing, or a rubbing at a specified hour, but who does not need the constant care of a private nurse. Her next visit may take her to the bedside of a chronic patient whose family, struggling against the double burden of poverty

and illness, would be obliged to send him to the almshouse were it not for the daily care of the nurse. And a morning spent in giving obstetrical care to new mothers and bathing and dressing new babies may be followed by an afternoon of relieving a private nurse for her time off duty.

While paid visiting nursing service can never take the place of the continuous service of the private nurse, it does meet a very definite demand; and more and more are the people learning to turn to it for the comfort of skilled nursing care for short periods of time, especially during the trying times of confinement and operation.

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### GOTAURA

BY MINNIE M. JOHNSON, R.N.

*Harlan, Iowa*

**G**OTAURA, mud-hutted, mud-walled, is like many other villages in the great Empire of India. Notwithstanding the prevailing squalor there is always a tropical sky, tropical vegetation, and tropical sunsets which appeal to the aesthetic eye. Perhaps I shall be able to point out the things which appeal to the sympathetic heart as well.

Between two lovely little lakes which lay outside the village in a space of about sixty feet in width under some splendid old tamarind trees we established our medical camp for a couple of weeks in order to help the people of Gotaura and surrounding villages. These two lakes are as essential to the life of the villagers and domestic animals as the city water works are to the inhabitant of our modern cities. In their waters the weekly wash of the entire village is done. The perfectly well and the horribly afflicted bathe their bodies and cleanse their teeth. However lacking in their understanding of the rules of hygiene and sanitation, I must give the Indian credit for using a really sanitary tooth brush made of a small twig of the tamarind trees chewed into a brush effect, the beauty of which is that a new one is always available for the next cleansing.

It is interesting to watch the stream of villagers going to and from the lakes on their various errands. The women, clad in their saris, carry all the water for use in the home in large earthen jars on their heads. How gracefully they walk! They have acquired the art of carrying large jars without even supporting them with their hands. While at the lake for water they often wash the sari (strip of cloth six or eight yards in length) they are wearing. They first wash one end of it, then by displacing the other end they put the wet end on again. If they are fortunate enough to possess a change the

newly laundered one is hung out to dry, otherwise it dries upon them while they go about their work.

The tropical vegetation surrounding the lakes is of marvelous beauty. On the side of the lake nearest the town stands an old temple of typical Indian architecture, where the Hindus daily worship their deities, sacrificing their gifts of money, food and flowers. The daily scene seldom changes. Huge black buffaloes are driven into the lakes and scrubbed in the same place from which the drinking water is taken. The brown bodies of men, women and children may be seen all day long swimming about and bathing. The laundering goes on from early morning until late at night, the slap, slap, slapping of the clothes on the flat stones (the native wash boards) in the water may be heard from some distance away. One may well imagine the color of a once white garment after having been washed a few weeks in cold water without soap, especially if the wearer uses plenty of coconut oil as is his usual custom.

Quaint little doongas made of hewn-out logs float on the lakes from which fishermen seem to take great delight. It is interesting to watch them with their throw lines and spears. Oftentimes one sees a make-shift affair of two earthen vessels turned upside down and tied to a plank leaving only space enough between the two vessels to make a good seat upon which the fisherman sits dangling his legs in the water. Sometimes a hungry alligator siezes one of the fisherman's feet, which no doubt is a most unpleasant experience for the fisherman. Huge alligators are often seen stretching themselves out on the sloping banks of the lake in mid-day sunning themselves, and one night one came out of the water near where Ajax (my pony) was tied and succeeded in disturbing his entire night's rest.

I found the medical work in this village intensely interesting. It seemed to me that we found all the maladies on the calendar of maladies. We found the anopheles in numbers legion. They take a heavy toll from among the inhabitants yearly. "Eyes" describe the eyes of India very well indeed. There are good eyes in India and very beautiful ones, too. There, too, are the horribly afflicted eyes which function improperly and seem to take all of the sweetness out of life for the sufferer. Then there are the absolutely sightless eyes—sightless from early infancy in many cases. Ophthalmia neonatorum is cruelly common. Tracoma is common, too, and is seldom isolated. Lack of care and ignorance are the usual causes of blindness in India—an appalling fact. The "eye sores" of India are really sore eyes, of which Gotaura has her quota.

When we think of India and her great wealth it is hard to associate poverty with it; but poverty there is with the great monster

Disease following in its wake "seeking whom it may devour." It makes one shudder to think of it, and it should give one a kindlier feeling toward that remnant of humanity which seems constantly falling behind in the great struggle for an existence. Little children are the easiest victims to the various scourges of disease. During years of famine or famine conditions it is simply a survival of the fittest. Ignorance again seems so nearly in the foreground when care is needed. Children are given opium for every disorder and when there is no disorder as well. A diet of green cucumbers and guavas is thought to be quite proper by some mothers. Very young children are allowed to smoke cigarettes. Rachitic children are numerous. I marvel at the patience of the Indian people. How patient they are in suffering! They insist that malaria is only "ordinary fever." The great tumors they carry about are thought to be incurable, and with absolute resignation they bear their burdens bravely. How the villagers marvel when a supposed-to-be-incurable tumor is removed and the patient recovers! They are then ready to fall down and worship the doctor, telling him he is God. Being fatalists they are willing to accept almost everything as intended for them no matter how painful or dangerous. If one is bitten by a cobra or karaiyat it is thought that Brahma had written such a destiny on the frontal bone of the victim. Why try to escape? "Jo ho, so hoga," which being interpreted means, whatever is to be, will be.

The malguzar (landowner of village and surrounding acreage) proved to be an interesting individual. Well fed—yea—to corpulence, proud—even unto arrogance, he appeared in the medical camp without even giving the usual salutation of "Salaam." He had read as far as fourth grade; therefore he was educated! He was wealthy; therefore influential! He was healthy; therefore indifferent to the affliction of others. He happened to be born male; therefore he was contemptuous of women! He was accustomed to giving orders and having them obeyed. He came four consecutive days with the same disrespect for me (a foreign woman) and on the fourth day he approached me demanding in a deep commanding voice some medicine for his sick horse which had been unable to stand, eat or drink for several days. I humbly confessed that since I was only a nurse I did not count the skill of a veterinarian as one of my professional assets. I finally remembered that on the occasion of one of our milch buffaloes being sick I had assumed the role of a veterinarian and stumbled onto a remedy which produced the desired results. So as he continued to insist, in spite of my confession of inability, I consented to experiment with the horse over which he had so much concern. The compounder was thus instructed to measure out the simple remedy for which the

malguzar paid the sum of one rupee. The following morning he returned with the salutation, "Salaam, Husur, my horse is better, I wish to get another dose of medicine." The next day he came with a beaming face, saying that his horse was able to stand, and could eat and drink. He brought his little eight-year-old daughter, who was suffering with a badly imbedded and infected tooth, which was easily removed and its cavity treated—an accomplishment thought to be very wonderful indeed! He was then exceedingly friendly and asked with great interest, "Who is this Christ of whom you are telling us?" He bought copies of all the books we had for sale and seemed as delighted as a child over a new toy. He then invited me to visit the women and children in his home. I accepted his invitation with alacrity, and was warmly received by the entire household. Thus through the ministration of a simple remedy to a sick horse I was privileged to serve the highest caste and most influential family in the village of Gotaure. The medical work was heavy—but interesting—yea verily.

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### HOOKWORM DISEASE—A PUBLIC HEALTH PROBLEM OF THE SOUTH

BY MARTHA M. GILTNER, R.N.

*Greenville, Mississippi*

*(Continued from page 807, July JOURNAL)*

**H**OOKWORM disease is recognized with certainty in two ways. If it is suspected from the clinical symptoms already described, treatment may be given. If the disease exists, the worms which cause it will be poisoned and dislodged by the medicine. They may be found by washing the stool through one or two thicknesses of cheese cloth. The worms if present will be left on the cloth and may be easily seen. The second method is by microscopical examination of the stool and finding the eggs and worms. This method is most generally used and is a positive method of diagnosis in any case.

In administering the treatment for this disease it is important to understand the conditions to be met with. There is no disease in which more wonderful improvement takes place after treatment than in severe cases. Even mild unsuspected cases often gain several pounds. Thymol was the drug most generally used until the war. As it is a German product the supply was low and more could not be secured, so *Chenopodium*, an American product, came into general use. It was found equally effective, much less disagreeable to take, and it has less unpleasant after effects. It is less expensive than

**Thymol.** Many other drugs have been given a trial and Beto-Naphthol has been found quite effective but has more unfavorable after effects; its use has therefore been limited to that of an experiment.

Hookworm disease is easy to prevent because its cause is known and it has no secondary host. "It does not go to man, man goes to it." Practically, it is the most difficult to prevent or eradicate because of its wide extent, intensity in favorable localities, enormous reproductive powers of adult worms, and rapid development of the ova to the infectious stage; another cause of difficulty depends upon the fact that the sources of infection, their number and danger result directly from careless, filthy habits.

The problems of prophylaxis in the prevention of reinfection after treatment are: stopping the danger of infection by exterminating the mature worms in the bodies of human beings and thus checking the supply of eggs at the source; preventing the growth and existence of larvae in the places where they develop; preventing the infection by larvae that have developed.

The first need is to stop it in those already infected. "Get the carriers." Have adequate sanitary organizations, secure periodic examinations of all the people living in a hookworm locality, examine all new comers, secure organization for educational work. The second need is to prevent soil infection by providing proper sewage, sanitary privies, and the universal wearing of good shoes. Prevention of infection by larvae is largely a matter of education. "Law is not the instrument best fitted to compel a man to be clean and live up to the rules of hygiene." Everyone living in a hookworm country should be taught the essential facts about hookworms and their effects.

As was stated early in this paper, no systematic investigations had been made up to 1910. It was largely through the reports made by Dr. Stiles that John D. Rockefeller became interested and appointed a private commission to make an independent study of the nature and prevalence of the disease in the rural districts of the South and to consider plans for the investigation of its evils. Studies were made in all the Southern states and infection found. After these investigations had been made and results reported, Mr. Rockefeller invited the commission to consider plans for a coöperative movement of the medical profession, Public Health officials, boards of trade, and other state and local interests for the cure and prevention of this disease. On October 26, 1909, this commission received authority from Mr. Rockefeller to call on him for sums needed to carry on a campaign up to the total of one million dollars. Mr. Wickliffe Rose was appointed administrative secretary; he was to conduct the work and carry out the policies as outlined by the executive committee.

The task as undertaken was to determine the geographical distribution, make a reliable estimate of the degree of infection for each infected area, to cure present sufferers, and finally to remove sources of infection by putting a stop to soil pollution. Each state was organized to carry on the work with a force of sanitary inspectors and laboratory staff. The object was to demonstrate to the people of the states that hookworm disease was a reality, that it was a serious handicap, that it was curable and preventable.

The work accomplished by this commission follows: Number of counties surveyed, 596; average number examined in each county, 921; number of children examined, 548,992; number of children infected, 216,828; per cent infected, 39%; sanitary surveys made for 653 counties; farm homes inspected, 250,680; found without privies, 125,584; average number of homes infected in each county, 383. Dispensary campaigns were conducted in 578 counties in eleven states; 1,087,666 persons were examined; 440,376 persons were treated. The expenses were partly borne by the counties.

Coöperation of the medical profession was secured. Instruction given in medical schools instituted. The press, although denying the existence of the disease at first, changed its attitude and contributed space for propaganda for its relief and control. Definite instruction on the subject of hookworm disease, its dangers and prevention of soil pollution was made a part of the school course in twelve states. Intensive work was being undertaken by communities and great work was accomplished in the development of state and local health service. The work was then turned over to the respective states which have continued it. Although the coming of the war greatly reduced the health activities, much that was started was carried on by the communities. A report secured from twenty-five manufacturing concerns shows a total of almost 30,000 sanitary appliances, representing a value of approximately \$700,000 sold from 1915 to 1917. This represents only a part of the voluntary expenses assumed by the people of those states over a short period of time in the effort to protect themselves from the dangers of soil pollution. As a result of improved sanitary conditions in various states similar reports are given, of which the following are from Virginia, where the State Health Commissioner attributes the results to the measures taken to prevent hookworm disease: Cases of typhoid in 1909, 14,400; cases of typhoid in 1917, 5,088, a reduction of 65 per cent. Taking this year by year, it represents a total of from 40,000 to 50,000 cases.

In nine counties in North Carolina from 1914 to 1917 the total number of deaths from typhoid averaged 119.5, or 35.3 per 100,000 population yearly. In 1918, as a result of a campaign against soil

pollution to prevent hookworm disease in the counties in which 6,480 sanitary privies were erected, statistics show that out of an aggregate population of 305,016 there were 24 deaths, or 7.8 per 100,000. Reports also show a reduction in diarrheal diseases and deaths among children to be even greater than in typhoid.

The State Board of Health of Mississippi has carried on an intensive campaign in some of its counties. In one county a "Sanitary Latrine Week" proved an effective method of achieving results in the building of latrines. Men were released by employers to stay at home and put up privies, and a spirit of competition was aroused that helped to speed the work.

An inquiry was made as to what service the Public Health Nurse may render in the eradication and prevention of hookworm disease, with the following responses from State Boards of Health: "There is no more important work to be done by the nurse in the rural and small town communities in the South than to bring to light cases of hookworm infection and to see that the patient gets the proper treatment. In many instances when the child is found infected the parents object to his being treated. In such instances the nurse is sent to the home to persuade the parents to administer the treatment or they may give their consent and she will give it."

The nurse aids greatly in the work by giving health talks to the children in the schools; also in teaching the principles of sanitation and prevention of soil pollution. These talks have been found invaluable in many instances, as the children carry the lessons into their homes and to their parents. In a report received from a nurse who is doing public health nursing in a county in Southern Georgia the following work was done within the past year: "On my visits to the country schools I secured and delivered to the laboratory so many specimens they were unable to make all the examinations. It was found that at least 90 per cent of all examined showed infection. The County Health Officer then gave me instructions to secure a history of those who had had ground itch and any other symptoms of the disease. Only specimens from doubtful cases were taken to the laboratory for examination." The Health Officer prescribed the treatments, which were given by the nurse because so many parents would not give it, saying it might make the child sick. Three treatments were necessary. The nurse went to the school once each week and gave treatments until all were given. Within the year this nurse had treated over one thousand cases out of sixteen hundred examined and reports remarkable improvement in the condition of the children within a few weeks after having the treatment.

In communities such as these the value of the service of the pub-

the health nurse as a teacher of health principles is inestimable. Of the twenty-five millions of people living in the Southern States, seventy-two per cent live in the open country. Five to ten millions of them are numbered among the unreached people as far as adequate medical attention is concerned. Much can be done by a nurse through demonstrations, health talks, lectures and home visits to bring to these people wonderful lessons of health, hygiene and sanitation. Many nurses are needed not only to help carry on this most important work in the eradication and prevention of hookworm disease, but also to assist in bringing about a betterment of the educational and social conditions of this great rural population.

If a nurse plans to do Public Health nursing in the South it seems most important that she become familiar with the greatest menace to the health of its people; that she should know the symptoms of the disease in order at least to suspect the infection in the person needing treatment. She should become familiar with the methods of transmission and the problems of sanitation and prevention, the treatment and the dangers sometimes attending it. The evolution of simple hookworm posts into effective agencies for conserving public health has been one of the gratifying developments of this work.

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Reports and pamphlets furnished by State Boards of Health of Florida, Georgia, Kentucky, North Carolina, South Carolina, Mississippi, Louisiana and Virginia.

Personal communications from members of State Boards of Health and nurses.

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## APPLIED BACTERIOLOGY

### I. THE VALUE OF THE VIRULENCE TEST IN DIPHTHERIA

*By a Bacteriologist*

“**E**VERY blue slip has a story all its own!” the Bacteriologist said as Miss J., a county nurse, handed her a dozen information blanks with throat swabs attached. “These are twelve different versions of the same story—‘Diphtheria in a Christian Science family,’” answered the nurse. Following is the story the Bacteriologist found on the slips.

Swab No. 1 from throat of Sammy Jones, age 16, died 7 a. m., membrane present, no antitoxin given, sick three days. “Sammy

Jones is a boy from town who was working on the Smith farm," interrupted the nurse. Swab No. 2 from throat of Susie Smith, age 10, sore throat 10 days ago, no membrane present, no antitoxin given. Swab No. 3 from nose of Susie Smith. Swab No. 4 from ear of Susie Smith, discharging five days. Swab No. 5 from throat of Roy Smith, age 4, membrane present, no antitoxin given, sick one day, temperature 101. Remainder of the slips listed the throat and nasal swabs from the contacts in the household.

#### BACTERIOLOGICAL FINDINGS ON THE SWABS

Smears were made from Swabs No. 1 and No. 5 and stained while the nurse waited. (It is frequently possible to demonstrate the diphtheria organisms on smears made directly from throat swabs when membrane is present.) The smears were examined through the microscope and showed beautiful pictures of diphtheria bacilli. When told, Miss J. dashed out, saying, "That boy will get antitoxin if I can possibly manage it."

Cultures were made from all of the swabs on both serum media and blood plates (the media which we use for the identification of streptococci). After growing the cultures in the incubator overnight they were smeared and stained. This is what the Bacteriologist found:

Sammy Jones—diphtheria bacilli found.

Roy Smith—diphtheria bacilli found.

Susie Smith—throat—diphtheria bacilli found.

Susie Smith—nose—diphtheria bacilli not found.

Susie Smith—ear—diphtheria bacilli found.

The cultures from the contacts showed no diphtheria-like organisms.

#### FROM WHOM DID SAMMY JONES AND ROY SMITH CONTRACT DIPHTHERIA?

This is one of the questions the nurse must answer in solving her quarantine problem. In this case we do not have to look far for the possible answer to the question, for we have had in Susie Smith a constant contact during the incubation period of from three to seven days. We cannot, however, definitely conclude the source of infection to be Susie Smith until we have proved that the diphtheria-like bacilli from her throat or ear are true diphtheria bacilli, that is, pathogenic. Although there is little doubt of the virulence of the diphtheria bacilli in the throat of the boy who died and in the throat of the boy who is sick with what is clinically diphtheria, the virulence of the organisms in the throat and ear of Susie, who is not ill, might be questioned. The virulence of diphtheria-like bacilli, however, can

be demonstrated by guinea pig tests which have been previously explained.\* Consequently, guinea pigs were inoculated with the cultures not only from Susie Smith, but from Sammy Jones and Roy Smith. The guinea pigs died in less than 24 hours, showing at autopsy typical pictures of diphtheria toxemia. Miss J. now has proof where Sammy Jones and Roy Smith contracted diphtheria, in the Bacteriologist's report, "Susie Smith, throat culture pathogenic for guinea pig." This is only one of many instances in which the virulence test is essential to the proper control of diphtheria.

Another interesting report from the files of the Bacteriologists is the case of a certain Miss Brown. In culturing the throats of a hospital staff for the source of a diphtheria outbreak in the children's ward, Miss Brown, a nurse, was found to carry diphtheria-like organisms in her throat. Miss Brown was put in isolation on the suspicion of being a carrier. Guinea pig inoculated five days ago with a culture from the throat of Miss Brown is active and normal today. The guinea pig demonstrates that the organism was not pathogenic, thereby relieving Miss Brown of any responsibility of the cause of the outbreak.

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## THE PRIVATE DUTY NURSE

BY A PRIVATE DUTY NURSE

*Boston, Mass.*

**I**F we are to go forward, one of the points that must be attained is complete coöperation among all branches of our profession. There has been much publicity recently in our *Journal* derogatory to the private duty nurse, and it is our purpose in this article to show the unjustness of these criticisms and to demonstrate the true value and worth of the private duty nurse to our profession.

Let us discuss briefly the status of the nursing profession in general so we may show that in the private nurse's field lies the solution of many of our present day problems. It has been said, "mediocrity freezes desire," and "equality engenders uniformity." One hesitates and wonders, when viewing the general situation, that a great many, if not all, are quite mediocre in that they do not truly represent the value of their particular chosen field. Why does such a state of affairs exist? The answer may possibly be found in the second statement, "equality engenders uniformity." We are often far too prone to let well enough alone, especially if the blazing of the trail day by day proves equal or no more difficult to us than it has

\* See *Journal*, June, 1922.

previously. Does this not present a tendency toward a monotonous uniformity which inevitably leads to certain stagnation and brings us to the danger brink of the "abominable rut"? From Miss Nightingale we read, "Our nursing is a thing, which, unless in it we are making progress every year, every month, every week, take my word for it, we are going back."

But I do not foster the idea for a moment that nursing is going back. Rooted in the noble instinct, founded in the alleviation of human pain and need; so immense that it not only offers opportunity to the self effacing, but phenomenal opportunities to the young woman whose desire for self expression can be satisfied in the great work for human need.

Let us compare for a moment our two oldest fields, the private duty and the institutional. Which do you think presents the greatest danger to our profession? In one picture we have the private duty worker at the bedside with a most delicate piece of human machinery entrusted to her care. In another we perhaps have a head nurse or supervisor of a ward of thirty or forty of exactly such self-same, broken down pieces of humanity, who are looking for, and deserving of, the best that we can give. Who holds in her power the opportunity to exercise those great ideals which are our stronghold? The institutional worker is indeed a great necessity, but—alas—her opportunities for self-expression of the same are ever overcome, smothered, blindfolded by the two greatest enemies that lurk in our pathway, i. e., "monotonous uniformity," and "institutional mechanism." It is the private duty nurse, working as an individual, who possesses unlimited opportunities to rid us of such dangers and elevate those principles which standardize our profession and make of it "the finest of fine arts."

In our present day there is evidence of a growing impression in the minds of our young nurses leaving, or about to leave, our training schools that the field of private nursing is on somewhat of a lower plane. Just why? The predisposing cause may possibly be of a "hereditary nature"—handed down to her gradually and perhaps unknowingly during her training because of the same absurd idea that smoulders in the minds of some well known nurses. If you have such an impression let me warn you, you are on the wrong trail. Your teachings, your trainings have been a failure, you have lost sight of the star that inspired and guided our noble leader, Florence Nightingale.

The self effacing woman engaged in the private duty field is doing one of the noblest of God's works. Let us prove worthy of those whose words have instructed, whose examples have encouraged,

whose ideals have inspired us with the love of truth and lofty aspirations, and pass on the same torch to those who follow us. "The golden age lies not in the past, but in the future." To each and every private duty nurse I say you are face to face with difficulties. But are not difficulties meant to rouse rather than discourage? Does not this stress bring forth more intense patriotism and loyalty? You cannot afford to lower the torch that has been entrusted to you. I ask you, have you done, or are you doing all you can to help the situation? What of the private duty sections? In our opinion they reveal the only solution to better conditions. In the installation of organized sections or institutes, where the private worker can find coöperation by means of well organized and constructive procedures upheld by the force of collective opinion, lies the hope of showing those, who would be unsparing in their misjudgment, her true value to the profession.

To you, who are just graduating and who are about to enter upon your life work, what are you anticipating? In view of the fact that higher education for the nurse is being constantly installed in our training schools, you are being called to many different fields; but I would urge you, especially you who are contemplating institutional work, to turn your first steps toward the private duty field. It gives one a broader understanding, endowing one with that altruistic spirit which makes us ever mindful that our patient is but a fellow creature in pain. You will find that the personal contact with the various patients, under various circumstances and conditions, will develop in you that understanding, that tact, that self-reliance, self-sacrifice, together with the full realization of the highest ideals and principles which pave the pathway of our profession. You will then have builded a big defence against the institutional worker's greatest enemy,—mechanism.

You who are starting out upon your career, I would urge particularly to do private duty work. It is much worth while, so much that I urge you to plan accordingly. Raise high your banner and say to those who may need to call you, "you will find us where the dust and din are thickest." Let us remember the great public is looking to us for help. It is for us the task to usher in—

"The day in the future,  
When truth shall not care  
For the symbol of power,  
Or the trappings men wear;  
When the world and the order,  
The mantle and mart,  
Shall each but do service  
For spirit and heart."

## SOME ADVANTAGES OF A PRELIMINARY HIGH SCHOOL COURSE

BY GRACE HEATLEY, R.N.

*Philadelphia, Pennsylvania*

**P**RELIMINARY education in the average school for nurses is synonymous with two or four years' work in an accredited high school. Two or four years' work, that is, any school work, providing it has covered a period of two or four years. The emphasis seems to be placed on the time rather than the subjects studied.

Students do not enter college, normal school or even commercial school with such a haphazard preparation. Rather, their preparation is outlined according to the requirements of the school chosen—and is, therefore, strictly preliminary to their future work. True, any subject which is instructive is of some value, but knowing that certain subjects have more value than others, why not concentrate on the subjects of greater value? Subjects deemed profitable should be outlined by the League of Nursing Education and should be incorporated as a course in the curriculum of standard high schools.

What are some of the advantages which would result from preliminary work? Begin with teaching, for example, if a student has majored in Chemistry in high school, the sixteen hours Chemistry required by the State Curriculum could be used chiefly in applying that knowledge to Anatomy, Materia Medica, and Dietetics. Is not application the keynote in teaching Chemistry to nurses? If, on the other hand, a student barely knows the meaning of the word Chemistry, can any instructor teach and apply Chemistry in sixteen hours? Likewise, Physics goes hand in hand with Sanitation; English is essential in all subjects and a firm grasp on Arithmetic and Algebra is decidedly more helpful in solutions than a thorough knowledge of penmanship. And so on,—the examples are almost inexhaustible. A working basis has become a necessity and a working basis can only be obtained from a definite preliminary course outlined by the League of Nursing Education.

Besides making it possible to directly utilize previous work done, a standard high school course would radiate a dignified publicity. Children entering high school plan their career at that time, being influenced by courses offered, by advice given, or by natural inclination. At this impressionable age would not a preliminary course be an attractive way to present nursing? Then if the student for four years should prepare herself to enter a certain hospital, she would hardly be as willing to give up her work in that hospital as many of

the present candidates who, finding they have no goal in life, "think probably they would like to be a nurse." But publicity would reach farther than the pupils, it would reach the parents. Parents would investigate the merits of such an education and would pry into the advantages afforded by the various schools and last, but not least, they would begin to realize the true type of work for which the schools of nursing are trying to prepare their students.

In addition to these advantages, if such a course were added to high school curricula, a school for nursing would no longer be a struggling, dangling, isolated atom in the sphere of education, but rather it would be in compound with other branches of higher education.

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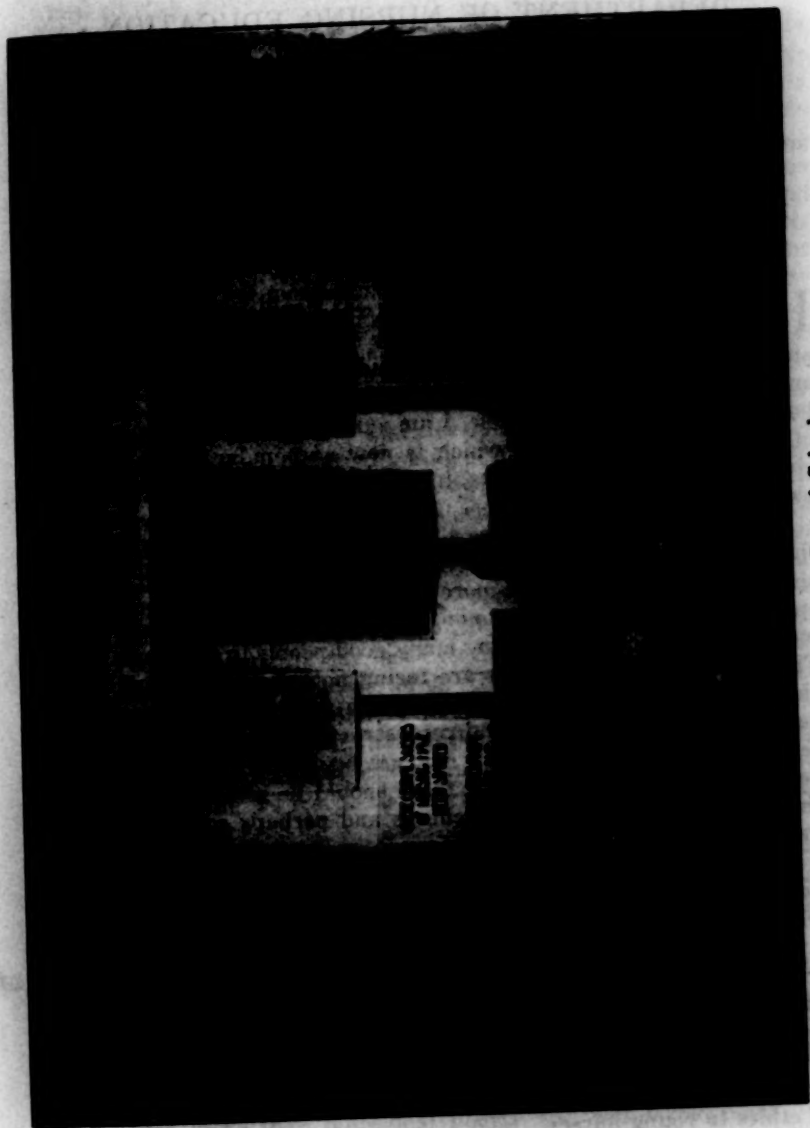
### VISUAL EDUCATION

THE average person learns more readily by seeing than by hearing. There are few more fruitful topics for discussion nowadays than that of the various plans for the centralization of nursing education. The Indiana League put the above mentioned psychological fact to good use when it designed the exhibit pictured on the opposite page and displayed it at the recent Health Exhibit. Mary M. Peterson, President of the State League of Nursing Education writes of it: "I put in miniature my idea of a Central School for Nurses and it was well received by nurses, doctors, and laymen. Some of the latter were much impressed with the idea of a *real school* and with the need for suitable residences for nurses. The tiny buildings were all effectively lighted and attracted much attention."

The posters indicate the purpose of a central school and the suggested ways of supporting it. Signs indicate the geographic relation of the several units. These are a Central School of Nursing, Nurses' Residence, General Hospital, Psychopathic Hospital and Power Plant in a city; a General Hospital with its Nurses' Residence in a suburb; a Tuberculosis Hospital and Nurses' Residence eight miles from the Center, and another General Hospital with its Nurses' Residence fifty-four miles from the Center.

The models were designed and executed by Miss Peterson, Esther G. Jones, of the Herron Art Institute, and Mary B. Haynes, a public school teacher in the hospital schools.

Organizations wishing to rent this clever exhibit may communicate with Miss Peterson, Robert W. Long Hospital, Indianapolis.



A Miniature Central School

## DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

*Collaborators: Blanche Pfefferborn, R.N., and Grace Watson, R.N.*

### SOME FUNDAMENTAL PRINCIPLES IN THE TEACHING OF ETHICS<sup>1</sup>

BY ISABEL M. STEWART, A.M., R.N.

*Department of Nursing and Health, Teachers College, Columbia University*

#### THE PRESENT SITUATION

I SUPPOSE there never was a time when the older generation did not discuss with pain and alarm the moral depravity of the young and did not make some attempts to lead or drive them back into the only safe path—the path they themselves have walked. This very human tendency is responsible, I am sure, for much of the criticism of the younger generation which is now so popular in all kinds of circles—in schools and colleges, in society and in professions like our own.

It is always safe to assume a moderate degree of pessimism about the new generation from at least 75 per cent of those on the shady side of forty. But it takes more than this to account for the widespread impression of ethical confusion and instability and even of moral crisis which is disturbing many good people in the world today. The fact seems to be that we are facing not merely the usual slight shifting of scene from one generation to another, but one of those periods of social revolution and reconstruction when the whole stage setting is changed about and a new act begins. In this general upheaval it is not surprising that there should be some questioning of the older moral and ethical teachings and perhaps some shifting of moral values.

These values do shift and grow from age to age, with some losses, but always some sure gains. It is useless to say "The rules of life which were good enough for our fathers are good enough for us." After all, each generation has its own salvation to work out. It is true that certain fundamental ethical principles are universal and unchangeable, but the interpretation and application of truth changes and different people arrive at truth by widely different methods. It is essential then for us to try to understand the spirit and ideas of this changing world of today, if we are to find a basis for the teaching of ethics to young nurses.

<sup>1</sup> From a paper read at the Teachers College Alumni Conference, February, 1922.

## THE NEWER MOVEMENTS OF THOUGHT IN RELATION TO ETHICS

The older standards of ethics have drawn largely from religion and philosophy. Within the last generation a new world of ideas has been opening up in the field of science and these sciences, particularly social science and psychology, have profoundly affected our whole outlook on human conduct. The teacher of ethics today who has not kept in touch with these new sciences and who still relies mainly on the preachings of Plato or Paul to drive her lessons home will find herself talking in an entirely different language from her students who consciously or unconsciously have soaked in the newer point of view. This does not mean that we can discard religion or philosophy—but simply that we may have to find a different approach both to these subjects and to ethics. Along with the growth of the social sciences has come a wide extension of what we may call the democratic movement, with its emphasis on the worth of the human individual and his right to life, liberty and the pursuit of happiness. We are probably more accustomed to thinking of democracy in political terms, but it is the same idea which is back of the woman's movement, the labor movement and all the other modern efforts to secure a better and freer life for human beings. Within the last few years we have been feeling a distinct stirring of the democratic idea in the old, conservative strongholds of our profession. Theoretically we all believe in democracy, but when we find it upsetting some of our old established customs and challenging our most sacred traditions, we are inclined to think it a pretty dangerous thing. The mere questioning of those old beliefs and traditions suggests to many of us the red flag of revolution, and any effort to secure a larger measure of freedom is apt to be attributed to the dreadful contagion of Bolshevism—a convenient term for anything we feel to be destructive and demoralizing in modern life.

Too many people think that democracy means *getting all you can and giving nothing*. There is no doubt that in the beginning of any democratic movement we shall find a tendency to stress rights and privileges and to think too little of responsibilities and duties. I suppose that is what one superintendent of nurses means when she says that "the present decline in nursing ethics is due to the overworked idea of democracy." But democracy has a definite ethical basis, indeed it may be said to include the whole idea of ethics, which is fundamentally the ideal of human brotherhood. This means something much more than individual liberty and self-development. It implies the responsibility of every one of us for the welfare of the whole group. That is why education is so essential in a democracy

and why progress is often so slow. We have to take the whole group with us.

Training for democracy, as defined by Felix Adler, means "*Men and women interested in social progress and competent to contribute to that progress.*" Our modern educators express much the same idea in saying that "social efficiency" is the end of all education. This implies knowledge, culture, individual development, freedom, health, expertness, but all that they may be used in service to the social group of which one is a part. The purpose of all education is thus essentially social—or should be. Nursing education is certainly no exception.

#### RELATION OF ETHICS TO SOCIAL WELFARE

According to modern authorities the terms "ethical," "moral," "social," are all in the last analysis identical in meaning. Whatever makes for social order and progress is right, moral, ethical; whatever is contrary to the common good is wrong, immoral, unethical. Our effort, then, in teaching ethics is to help people to consider what they can contribute to the common good, and to get them to commit themselves definitely to the realization of that ideal in all the activities of life.

This is not an easy thing to do; our ideas of what is best for ourselves or others change from time to time. What may seem right for one time or place or person may be wrong for another. Conduct which may be quite harmless for an individual as such, may be wrong for her as a member of a professional group, or what may seem best for the professional group may work an injury on the public at large. The question of what is right and what is wrong cannot, therefore, be settled for all people and for all times. Experience has shown that certain things are on the whole good and other things bad for the group, but no general rule, not even the Golden Rule, can be made to apply to all cases.

#### RESPONSIBILITY OF THE INDIVIDUAL FOR HIS CONDUCT

This places on someone the responsibility of deciding in any given case what is the right thing to do. Custom or tradition or law have been the great authorities in the past, but the trouble with custom is that it is rigid and static. It does not provide for new conditions or for progress. Law or authority may secure conformity, but it does not necessarily change the individual. One may be compelled to obey the laws of the family group from fear of punishment or social opinion, but this is not morality or ethics. It is only when one *assumes responsibility for his own acts* and does what he feels is

right from choice, even when it is opposed to convention or custom, that he may be said to act ethically. Most people have not yet reached this higher level or have only partially reached it. Adults, who are still completely dominated by the opinions of the herd, may be said to be morally retarded or to have the moral age of say ten or twelve years. They cannot be said to behave morally unless they act from a sense of conviction and reason and are guided by their own conscience. Any training which attempts to secure obedience by threats of punishment or coercion is not ethical training at all, though it may be necessary for people with lower levels of intelligence who are unable to think for themselves or in emergencies of life and death when everything depends on prompt action.

#### THE RELATION OF JUDGMENT TO ETHICAL CONDUCT

This idea of *personal* or *reflective morality* presupposes the ability to do independent thinking. If the mind is immature or the power of reason suspended, we say that the person is not responsible for his acts, but no such excuse can be made for the adult individual of normal intelligence who refuses to use his mind and allows other people to do all his thinking for him. *His first ethical obligation is to learn to think.* Moral judgments are not different from any other kind of judgments. We use the same faculties and the same methods as in any other kind of reasoning. We must have knowledge to guide us in making right decisions, and we must be trained so that we can weigh and sift evidence and not jump at rash conclusions. We must try to rid ourselves of prejudice and emotional bias which lead to unjust judgments. The trouble with most of us is that we use our minds mainly to justify the things we do or do not want to do, rather than to impartially analyze actual facts and conditions as a basis for action. There are many situations in life where we are unable to judge wisely because we are not in command of the facts. Then we have to follow the advice of the best experts we can find, people with wider knowledge and more experience than we.

#### THE EMOTIONS—THE DRIVING POWER FOR HUMAN CONDUCT

But we all know people who are impartial and brilliant thinkers and yet who do not always act in the interests of the common good. We need something more, something which touches our spirits and sympathies and makes us actually *desire* to do the right thing. This comes not so much from the intellect as from the instincts and emotions. Modern psychology tells us that there are no essentially bad instincts and no distinctly moral instincts which can be singled for intensive cultivation. Human nature is in itself neither good nor bad.

*The instincts supply the motive power and it all depends on how they are harnessed and what channels they take, whether they result in good or bad conduct. Steam may be harnessed to drive an engine or it may explode the boiler if it has no safety valve.*

The way to develop a strong character is not by trying to bottle up the surging impulses of youth, but by finding some safe and useful outlet for them and helping the individual to keep them under wise control. Whatever extremes the Freudians may have been led into, they have given us this invaluable lesson, that the effort to suppress normal human emotion is dangerous not only to morals, but to physical and mental health. If troublesome emotions can be sublimated or drained off along harmless or socially useful lines, the harmful internal tension is relaxed and energy released for work and creative effort. The docile, repressed, subservient individual is not as a rule the type of person who is going to accomplish much in life. It has long been observed that it is the high-spirited, quick-tempered, obstreperous boy or girl who often makes the best man or woman in the end, and this is true also of the young women in our schools. Some of the most troublesome have a fund of vital energy which, if it could be salvaged and re-directed, would do an immense amount of useful work.

How can we rouse the right kind of sympathies and fire our young people with worth-while interests and enthusiasms? Certainly not by crushing out all emotion. That is what makes them hard and cold. Nor yet by encouraging the frothy, sentimental kind of emotion which evaporates in talk. We have said that the emotions generate the heat which drives the motor, but *unless the heat is converted into action it is worthless*. Felix Adler remarks that "If it means nothing more than the raising of the internal temperature, it is like fever, a sign of moral disease rather than health." He adds, however, that ideals and emotions may be *stored up as potential energy*, ready for future use and that this is one of the important ends of moral education.

#### THE PLACE OF IDEALS IN ETHICAL TRAINING

Ideals are formed by contact with people whom we love and admire, by the heroes and heroines of history and literature, by religion and nature, by art and by human experiences which impress themselves deeply upon us. Youth is naturally idealistic and if it is not inspired with worthy ideals it will tend to accept less worthy ones, so it is a part of all education to suggest or provide worth-while objects around which ideals and emotions may cling and to widen as rapidly as possible the circle of social relationships through which these ideals may find expression.

## WHERE THE WILL COMES IN

We have agreed on the need of social intelligence and social ideals. The next thing is to see *how we can carry out our fine impulses* and our reasoned decisions in a practical way and with a certain degree of vigor and persistence. How many of us see perfectly clearly what needs to be done and feel quite warmly for our fellow-man but lack the will and the persistence to get to work and do what we know should be done. Our ideas and intentions are perfectly good, but somehow they never bear fruit. *Ethical or moral training is useless unless it provides for the training of the will*, and this brings us to the question of discipline about which there are so many different kinds of opinion.

Many people think that a person is well disciplined when he obeys almost involuntarily at a word of command. That would not fit in with our requirement for the higher levels of ethical conduct. Dr. Dewey tells us that *discipline means the ability to grasp a definite purpose as one's own, to think out its consequences and to hold on to it in spite of all difficulties and distractions until it is accomplished*. The training of the will does not consist then in compelling people to do something they don't want to do, but in helping them to get hold of the right kind of purposes, putting them in situations where there are worth-while things to do, and in giving them lots of practise and increasing responsibility in working them through to the end.

There is, therefore, no way of training the will except by *tackling obstacles, solving real problems, living and working with people and undergoing the steady discipline of life*. Force or compulsion may result in certain habits of conduct, but these are easily broken unless they are adapted to our inner nature and unless the intelligence and the will of the individual are back of them. The weak-willed, flabby, spineless people are usually those who have developed no dominant purposes of their own and so are willing to let other people lead them. They are always at the mercy of any one who gains an influence over them. This does not mean that the self-willed, headstrong person is justified in refusing to be guided by others. Obedience is quite compatible with an independent will, but it is a voluntary, reasoned obedience, not an automatic or slavish subservience, a willing compliance with necessary laws, an acceptance of others' opinions and directions because they are right and reasonable and contribute toward the end in view.

## THE CONFLICT BETWEEN THE SELF AND THE COMMON GOOD

The great question is whether after all we can get people *willingly to commit themselves to this ideal of the common good*. Human

nature is so constituted that it is constantly seeking happiness and satisfaction and that satisfaction comes through the fulfillment of its natural instincts and desires. This wish for individual self-expression and self-realization cannot be suppressed. There is an old saying that *we may drive Nature out with a pitchfork, but she always comes back*. She may be thwarted and twisted, into a "balked disposition," but she still persists to the end of life in trying to wring satisfaction out of the most unpromising conditions or at least to steer clear of dissatisfaction and unhappiness.

People differ widely, of course, in what they regard as satisfying. There are the purely physical tastes on the one hand and the higher planes of intellectual, aesthetic and spiritual satisfactions on the other. Everyone will agree that the latter are the richer and more permanent satisfactions. They come from the cultivation of the mind and the spirit, but they may be as narrowly selfish as the grosser forms of self-indulgence, if they are pursued solely for the development of one's own personality and the enrichment of one's own life. We all know people whose philanthropies are pursued in an entirely self-seeking spirit and even the search for one's own salvation may be a very selfish thing.

The difference between the unsocial self-centered egotist and the altruist is that the one seeks to satisfy only his narrow, personal self and the other has so enlarged his "self" and so identified it with the larger family or professional or national or world group, that he finds his satisfaction in furthering the advancement of that group. For the success of his club or school or profession he may be perfectly happy to sacrifice personal pleasure, money, time and many other things; for his family or religion or country he may even sacrifice life, but this is because he prizes the satisfactions of his bigger social self more than the satisfactions of his smaller, personal self. In working for the larger good, he is spending himself, but he is also fulfilling his social nature and thus finding happiness.

Individual development and self-expression are therefore not incompatible with social welfare and social progress, so long as they are pursued in this spirit of the common good. The trouble with many of those who are clamoring so loudly for liberty and self-expression, is that they want to assert themselves and to do as they please regardless of the effect on others. More often perhaps they persuade themselves into believing that the thing they want *does* make for the common good. Fortunately there is a wide range of possibility for useful service which brings into play every human instinct and capacity and every kind of special talent. The "social" idea of service does not stress self sacrifice as an end in itself. It invites us all to

invest the best gifts we have for the common good with the assurance that in this way we shall get the most out of life and reach the highest possibilities of our own development. It is the duty of the individual not to sacrifice or waste his capital of brains or brawn or spirit, but to make the *best* of himself in order that he may be able to give the most to the common good. Each person has a different contribution to give and the great thing is to study ourselves and those we work with in an effort to find where our capacities and interests can be used to best advantage and where each individual may reach his greatest development and therefore his greatest happiness.

But the impulse must come from within. The old idea of "doing good" to others and planning their lives in the way that seems best to us, without consulting their interests or securing their coöperation, is a violation of the most fundamental ideals of modern ethics. The object of all our work with students and others should be *their growth*, not the regulation of their conduct, or the direction of their activities, or the gratification of their desires or the accomplishment of our own individual purposes, but their growth especially in knowledge, in judgment, in social ideals, in happiness and in the power of wise self-control. A discussion of some of the methods by which these ends may be realized in our nursing schools must be postponed till some future issue.

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## WHO'S WHO IN THE NURSING WORLD

### XIII. LAURA R. LOGAN

**BIRTHPLACE:** Amherst, Nova Scotia, Canada. **PARENTAGE:** Scotch-English. **PRELIMINARY EDUCATION:** Amherst Academy, 1906; A. B. degree, Acadia University, 1901. **PROFESSIONAL EDUCATION:** Mt. Sinai School for Nurses (New York); B. S. degree, Teachers College, Columbia University. **POSITIONS HELD:** Surgical Supervisor and Instructor, Mt. Sinai; Instructor, Mt. Sinai; Night Supervisor, Mt. Sinai; Superintendent of Hospital and Principal of Training School, Hope Hospital, Fort Wayne, Indiana; Director, School of Nursing and Health, General Hospital, Cincinnati; Professor of Nursing and Health, University of Cincinnati. **AUTHOR** of various papers on professional subjects. **OFFICES HELD:** President Graduate Nurses' Association, Cincinnati; President Ohio State Association, President Ohio State League of Nursing Education, Secretary National League of Nursing Education, Vice-President National League of Nursing Education, President National League of Nursing Education, Chairman Local Committee Red Cross Nursing Service, Cincinnati.

## DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR  
*Director, Bureau of Nursing, American Red Cross*

### THE SCHOOLS OF NURSING IN THE OLD WORLD

#### IV. THE CONSTANTINOPLE SCHOOL

**F**ROM the standpoint of the unique and the spectacular perhaps no school of nursing in the world presents so many high lights of interest as that organized in the spring of 1920 by Mrs. Anna E. Rothrock in Constantinople. The location alone is one to conjure up all sorts of romantic allusions, for the school and hospital are temporarily housed in the former harem of a Turkish Pasha in historic old Stamboul. Here are assembled one of the most heterogenous assemblages of pupil nurses ever gathered together:—Moslem and Christian,—among them Turks, Greeks, Bulgarians, Armenians and Russians. As might be expected from such an unusual assortment of nationalities, many unusual problems are presented. The psychology of the various racial types is essentially peculiar. There are no nursing traditions in the country to build upon. Instead, strange prejudices and stranger attitudes prevail toward this work. Moreover, there seems to be a definite lack in the Near Easterner of certain qualities of character which the Occidental looks upon as fundamental and absolutely essential in creating a good nurse. Yet one has only to see the need for such education among the women of the former Ottoman Empire and the social conditions that prevail in Constantinople to make every effort seem worth while.

Red Cross nurses have directed the school from the beginning. Its control is vested in a committee of members selected from the Constantinople Chapter of the American Red Cross and members of the American Colony in Constantinople, including the American College for Women, Roberts College and other American interests. On the local committee are such influential persons as Admiral Mark A. Bristol, American High Commissioner in command of American Naval Affairs, who is also chairman of the Constantinople Chapter of the A. R. C.; Dr. Patrick, president of the American College for Women; representatives from Roberts College for Men, the American Board of Missions, officials of the Standard Oil Company in the Near East and various other American business men.

The A. R. C. Nursing Staff consists of Lyda M. Anderson, Superintendent of the Hospital and Director of the School; Mary E. Bethel, assistant superintendent; Ruth Bridge, instructor, (theoretical and

practical); Edith Clendenning, supervisor of the Surgical Department; Adah Klein Butta, floor supervisor; Bertha Whipple, dietitian; and Elizabeth Marshall, director of the out-patient department and instructor in the public health course for student nurses. Miss Marshall is also attached to the Constantinople Chapter, which defrays part of her salary expense.

Staff members of the faculty of the American College for Women teach the sciences,—chemistry, bacteriology, anatomy and physiology. The possibility of some closer affiliation with the Constantinople College is being discussed. It is hoped that the School ultimately may be made a definite department of the College.

In spite of the fact that the hospital is in an antiquated building, badly in need of repairs, the American nurses have wrought wonders in adapting it to practical uses. There are very few conveniences, a handicap that naturally makes the work much more laborious. The recent completion of a steam-fitting job by which steam and hot water were carried into the laundry and diet kitchen ranks almost as an epoch in the history of the school. The announcement brought vividly to my mind the ramshackle "wash house" in the back yard which at the time of my visit did duty as a laundry, and where a nurse was frequently seen struggling valiantly with a refractory clothes line as she applied her technical skill to hanging out the washing.

Yet notwithstanding such obstacles as these circumstances presented, the work done in the hospital, the present capacity of which is 80 beds, is excellent, and the patients are well cared for. That the American Hospital has proven its value to the American Colony beyond doubt is demonstrated by the fact that one of the patients from that group,—Mrs. Mary Van Buren, of Newport, R. I., a daughter of the late John D. Archbold, of the Standard Oil Company, has left a scholarship for the nurse who cared for her while she was in the hospital. This scholarship will enable the pupil nurse, a young Bulgarian, to go to America to perfect herself in some nursing specialty for later service in her own country. Moreover, the hospital has been able recently to serve some traveling Americans, who might otherwise have lost their lives.

After establishing the hospital upon admirably conceived foundations, Mrs. Rothrock resigned in the spring of 1921 and was succeeded by Miss Anderson, who like her predecessor has surmounted all sorts of obstacles in developing the school. Writing of her tour of inspection last April, Sophie C. Nelson, the A. R. C. Nursing Supervisor, reports:

I have never seen a smoother running place. The nurses here are very happy and each one feels that she is really helping accomplish something. At

present there are twenty-two students in the School. (This number was later decreased to twenty.) But a tremendous effort is being made to give them the very best training possible. Besides the regular curriculum special instruction is given to them singly and in groups on their weak points. Dealing with girls of several different nationalities who understand English but imperfectly, it has been a most difficult task to get over to them the theoretical instruction. Miss Bridge and the other American nurses have an infinite amount of patience with the student nurses.

The curriculum has been planned to coincide with the requirements of the League of Nursing Education in America, so the student nurses are getting excellent theory. If the School is weak it would be in clinical material, although every effort is made to give the students the greatest possible benefit from all the material available. The hospital is growing fast, especially the obstetrical and out-patient department, which is especially large, considering the size of the institution. This department is in charge of Miss Marshall, who has two student nurses assigned to her all the time.

They do clinic work in the morning and home visiting in the afternoon. One afternoon a week a well baby clinic is held. Pre-natal cases and sick babies and children come in the forenoon to the regular dispensary, but from now on they will be accounted for separately, as if they were a regular clinic. This is done for the purpose of home visiting, as it will be possible to follow up certain cases only and an effort is going to be made to follow up every baby and pregnant mother. Miss Marshall was given the out-patient department in order to get in touch with the people and get an idea of the type here. As soon as is possible another nurse will be added to the hospital and then Miss Marshall will have only the public health work.

In developing the field work a special restricted district will be chosen in the vicinity of the hospital. Here a school will be secured, in order to get school nursing work, and clinics will be established in the American Hospital to take care of defective cases. An arrangement has been made with the Near East Relief whereby the student nurses may get three weeks of social case work with that organization. The field chosen should be sufficient to give material for excellent field work. It is also small enough to insure a good demonstration of public health work.

The Red Crescent, the Turkish equivalent of the American Red Cross, has recently appointed a committee on Public Health. They recently met with the American Red Cross Committee and have become interested in Miss Marshall and her work. There are, of course, many factors to be taken into consideration here,—nationalities, religions, many prejudices and restrictions of privileges of the women. However, the contact with the American Red Cross may be regarded as the beginning of an aroused interest which is so sadly needed.

Perhaps no field in the Old World offers more promising opportunities for constructive educational work than does this Turkish project where the American Hospital is sowing the first seeds of community consciousness as to proper care of the sick. As Miss Nelson's report has shown, the first year's work has been largely concentrated upon educating the people up to the point of realizing the A. B. C. of good hospital care, while public health is still in the embryonic stage.

Eventually, as the Turkish Red Crescent coöperates more actively

with the undertaking, far-reaching results of almost unimaginable significance may be expected. For the American Red Cross is the only neutral agency of its kind in the country and the Turks, inclined to suspect propaganda, proselyting and ulterior motives in the activities of many charitable organizations, have accorded to our Red Cross a measure of confidence and discipleship that is one of the most sincere tributes ever paid to any organization. Undoubtedly, in the case of the American Hospital at Constantinople, we have builded better than we knew.

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#### CONFERENCE OF TRAINING SCHOOL DIRECTORS IN PRAGUE

That the wheels of progress are moving in Europe is best evidenced by the programme presented at the conference of nurse directors of training schools in Europe held in Prague May 30 to June 1, inclusive. Many of the subjects discussed, in their scope and tone, suggest a Convention of the National League of Nursing Education. Among the papers read were the following: Standards: Is a Standard Curriculum Possible for the Schools in Different Countries in Europe? Can the League of Nursing Education Assist the Schools to Higher and More Uniform Standards? by Lyda Anderson; Can the League Assist in Better Preparation of the Graduates for the Desired Graduate Courses in America and Elsewhere? by Helen Bridge. Curriculum: Length of Course. How Overcome Foreign Language Difficulty: What Subjects Can Be Taught by American Red Cross Nurses Through Interpreter. \* \* \* What Special Privileges Should Be Given to Nuns as Pupils? Papers by Miss Lentell and Miss Bridge. What a Government Might Be Interested and Able To Do in Creating Positions and Salaries Such As Will Attract the Desired Class of Women to This Profession. How We Believe Our Committee Will Be Able To Help Most in Organization and Maintenance of a Nursing School of Highest Grade. Among the speakers, in addition to these already named, were Miss Parsons, Miss Matthews, Miss Newton, Miss McDonnell, Miss Robinson, Miss Kacena, Miss Beard, Miss Besom, Miss Olmsted, Miss Crowell, Miss Walker and Dr. Hamilton. Dr. Eversole presided.

Preceding the conference of Directors of Schools of Nursing, a conference for all diplomatinized native nurses was held in Prague the week of April 18 to April 25, inclusive, previous to the withdrawal of another group of A. R. C. personnel. At this conference the programme was quite comprehensive. Miss Parsons, Miss Besom and Miss Torrance participated in the discussions of such subjects as Qualifications of the Nurse, Ethics, Standards, Organization and Administration of Public Health Nursing, and Development of Working Principles, Especially in Child Welfare Work.

Social Hygiene of Childhood, Public Health Administration, Tuberculosis, History and Development of Social Work were dealt with by a group of Czech physicians and Miss Elsie Bond spoke on Social Casework.

## FOREIGN DEPARTMENT

LAVINIA L. DOCK, R.N., DEPARTMENT EDITOR

### INTERNATIONAL COUNCIL OF NURSES

INFORMAL REPORT OF THE FOURTH REGULAR MEETING,  
COPENHAGEN, DENMARK

BY SOPHIA C. NELSON

**T**HE countries represented were: Great Britain and Ireland, Finland, Denmark, Holland, the United States and India. In addition five countries were received into the League, i. e., Belgium, China, Italy, Norway and South Africa. Each of these countries sent a delegate, with the exception of China. The Chinese papers were read by the chairman of the meeting, who acted as delegate pro tem.

The chief business of the Council was the election of the President and the Secretary and to decide about the next General Congress of the International League. Miss Hay had told me that it was expected that the next meeting would be held in the United States, and I offered a tentative invitation to that country. However, when the Baroness Mannerheim, who represents Finland, invited the Congress to meet in Helsingfors, the feeling of most of the delegates was that a larger meeting could be assembled in that city than in America, and that, in view of the financial straits and difficulties of the majority of the countries interested, it would be wiser to accept this invitation and it was decided to do so. This meeting, which is to be a General Congress, will be held, therefore, in Helsingfors in 1925. This year has been decided upon in view of the fact that our own biennial convention meets in 1924, and it was felt that probably more American nurses would be able to attend in a year in which we did not have a meeting of our own.

Baroness Mannerheim was elected President of the Council, it being deemed advisable to elect a president from the country in which the next meeting was to be held. Miss Dock resigned as Secretary, and Miss Reiman, a Danish nurse, was elected as her successor. Miss Reiman has just returned from America after having taken the Instructors' Course at Columbia, and she is at the hospital of which Miss Munck is superintendent.

The mornings of the Conference were devoted to the reading of papers, discussions, etc., the afternoons to visiting institutions. The hospitals we visited were beautiful buildings, excellently equipped, and stood in lovely surroundings. I have not seen any hospital in America which physically is as attractive as the hospital of which

Miss Munk is superintendent, (the Bispebjerg Hospital). Incidentally, Miss Munk has a large Training School and has no difficulty whatever in getting pupils, and seems to get them with high educational standards.

From the discussions, I gathered that the hospitals of Norway, Sweden, Finland, Denmark and Holland were excellent institutions and that in these countries nursing was in a more developed stage than in Central or Southern Europe. Certainly from observation of the hospitals and training schools in Copenhagen, we gathered that the Danish standards were very similar to our own.

We were entertained royally, the delegates being guests of the Danish Nurses' Council for three days. During the first evening of the Conference, the formal reception of those countries coming into the League was held in a beautiful hall belonging to the Danish Y. M. C. A. All the Danish nurses were invited to attend, so the affair was a very large and formal one. The ceremony was impressive throughout, and I was especially impressed by the fact that Mme. Tscherning in welcoming the delegates of the different countries, greeted each one in the respective language of her country. As a matter of fact, it was a constant marvel to me in attending meetings at which so many nations were represented, to have all of the discussions taking place in English.

All the delegates were taken in a big auto-bus to visit the parks and other places of natural interest in and around Copenhagen. The last evening of the Conference a banquet was given at the Yacht Club, overlooking the bay. This banquet was attended by the delegates and the officers of the Danish Council. Most of the delegates felt that this had been one of the best meetings ever held. I think that one of the reasons for our feeling so, was that coming from countries more or less suffering from the strain of post-war conditions and whose people were oppressed by their many difficulties, Copenhagen gave the impression of being such a peaceful and happy place. Certainly it is the only country which I have visited in which I heard no complaints about conditions.

Perhaps another reason for our enjoying the Convention so much was the fact that wherever we went we were given so much to eat and so many good things. I am sure that we lunched or dined at least every three hours. I never in my life have eaten so much or such delicious food.

After the meeting in Copenhagen, the delegates were invited to Aarhus to be the guests of the hospital there. Ten of us accepted the invitation and spent the day at the City Hospital. Aarhus is the second largest town in Denmark and we had a very interesting time

there. Like the hospital in Copenhagen, this was in a beautiful building well equipped, and having a large training school. They tell me that all hospitals that are State or City owned in Denmark are very well managed and equipped and that they have plenty of money, and judging from what I have seen, I should say that this is so.

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#### OPPORTUNITIES IN GOVERNMENT SERVICE

The United States Civil Service Commission announces an open competitive examination for *graduate nurses*, and *graduate nurses (follow-up)*, for filling vacancies in the United States Veterans Bureau and in the Indian and Public Health Services.

**Requirements.—Graduate nurses.**—(1) Graduation from a recognized school for trained nurses requiring a residence of at least two years in a hospital having a daily average of thirty patients or more, giving a thorough practical and theoretical training, and (2) evidence of State registration, unless living in a State where there is no registration for nurses, in which case it must be stated in the application that the State requires no registration for nurses.

**Graduate Nurses (follow-up).**—In addition to the requirements for graduate nurse stated above, applicants must establish:—

(a) For general follow-up nurse, at least four months postgraduate training in public health or visiting nursing at a school of recognized standing or in lieu of such training one year's experience under supervision in public health or visiting nursing.

(b) For follow-up nurse in psychiatry, applicants must meet the requirements for general follow-up nurse, together with a six months' postgraduate course in psychopathology at a recognized psychopathic hospital with proper affiliations covering all nursing requirements will be accepted as complying with this requirement.

Applicants should apply at once to the Civil Service Commission, Washington, D. C., for forms 1312 and 2380. State which examination you are applying for.

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#### EX-SERVICE NURSES—DO YOU NEED COMPENSATION?

"Any member of the armed forces who enlisted from April 6th, 1917, to February 9th, 1922, may file a claim for compensation within five years from the date of his or her discharge from the service. After February 9th, 1922, no claim can be filed against the Veterans' Bureau for compensation on account of disability or death in the service for any member of the armed forces who may have enlisted after that date who has not secured a certificate of injury prior to August 9th, 1922, unless there is evidence in file to show that claimant had a disability occurring within one year of separation from the service."

## DEPARTMENT OF PUBLIC HEALTH NURSING

A. M. CARR, R.N., DEPARTMENT EDITOR

### NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING THE CHILD HEALTH ORGANIZATION OF AMERICA

BY GRACE HALLOCK

**S**ALLY LUCAS JEAN, Director of the Child Health Organization of America, believes that the increased interest in health teaching in the schools has grown out of an idea,—the idea that health can be made interesting to children themselves. In describing the founding and growth of the Child Health Organization of America, Miss Jean said:

When a Committee of the Pediatric Section of the New York Academy of Medicine sent a representative to Washington four years ago to confer with Franklin K. Lane, then Secretary of the Department of the Interior, about the prevalence of malnutrition among school children in New York, there was little thought of the tremendous strides to be taken within a few years. Mr. Lane immediately urged the formation of a national group to raise the health standard of the American School Child. With the confidence of such a statesman invitations were extended to educators and socially minded individuals living in all sections of the country. The response was amazing, all accepting but two from a list of twenty-seven. A small budget was raised and the Child Health Organization launched.

Just how a new private association could assist a federal department, as they were invited to do, was somewhat vague, but as Secretary Lane said, "If you have enough red blood, it can be done." The Director of the Organization was put on a dollar a year basis in the Bureau of Education and a printing fund allowed. Dr. Willard S. Small welcomed assistance and gave support at every turn. This made cooperation possible. As I look back to the letters which came both to the Bureau and the Child Health Organization during those first few months from teachers and nurses, I seem to see their earnest faces rise before me, all begging for help in methods of interesting children themselves in building stronger bodies. As one teacher wrote us, "The ideas you send us are good. I appreciate your help, but I don't know quite how to go ahead."

As each letter was answered personally in addition to carefully developed printed matter, it was possible to suggest ways and means of meeting each particular situation and always to add that the teacher herself possessed a *laboratory* in her class room of pupils from which we hoped for help. Our faith was soon rewarded. A large proportion of the letters brought ideas, methods, devices which, though sometimes expressed in English that would scarcely warrant our belief that the teacher herself had been through High School, carried the earmarks of practical application.

The Child Health Organization has always emphasized health as a positive ideal presenting health to children in terms of beauty, strength and joy. Too much so-called health education is merely a matter of information about disease. To teach health effectively,

teachers and health workers must also experience health themselves. Children are not interested in health for its own sake. We must capture their interest and enthusiasm and make them realize that present delights and future happiness depend upon practising health habits. To do this we must first give simple concrete expression to the essentials of health and then interest the child to adopt them by appealing to his imagination.

The Child Health Organization of America began its Child Health campaign by stimulating children to use their imaginations as wands to transform the abstract idea of health into the imagery of daily thought and living. To each child it said, "Take your wand! Now point!" and presto! From the pages of story books, plays and rhymes, from the antics of clowns, from the tinkle of the Health Fairy's bell, tumbled the Health Habits.

Dramatic health teaching was the method that the Child Health Organization first adopted to demonstrate to teachers and nurses all over the country that health can be taught in the schools. To serve as a guide in putting over school health programmes, the organization formulated these five health essentials:

1. A scale in every school.
2. Every child's weight record sent home on the monthly report card.
3. Time allowed in every school day for interesting children in the establishment of health habits.
4. A hot school lunch available for every child.
5. Teachers trained in Normal Schools to teach health habits.

City and State Superintendents became interested in the Child Health Organization's programme, often through their teachers' enthusiasm, and requests for a course of study were frequent. To meet this need, a conference was called in December, 1920. Fifty people gathered together from all sections of the country for a three days' meeting. The question then was, can teachers and health workers teach health in the schools? The conference was instrumental in bringing many people together who had been working in the same field along parallel lines unconscious of each other. Much work has been done since then and almost a new point of view created. From all over the world we are asked for assistance in teaching health to school children and all recognize that this is a problem for the men and women of science and the educators to work out together.

The great questions to be solved in health education today are: How can the teacher best teach health? How can scientific knowledge be interpreted to the child in the schoolroom. These were the problems discussed at the conference on health education and the preparation of teachers called by the Child Health Organization of America and the U. S. Bureau of Education at Lake Mohonk, the

last week in June. No one of the 103 members of that conference questioned the desirability of teaching health. That was taken for granted. The school as the logical place to teach health, and the scale as an instrument for determining a child's nutrition, were definitions that had been unreservedly accepted by the educators, nurses and doctors at the Conference.

The chief concerns were the health service that should be given the students themselves in training schools and colleges and the courses they should take to be prepared to teach health.

Upon the preparation of our future teachers, lies the responsibility for the success of health education. To everyone at the Conference came the realization that our teachers must be health-minded. They must feel health and experience health before they can teach it to others, even though their mental training is adequate and their school equipment perfect. Dr. Caroline Croasdale of the New York State College for Teachers at Albany gave the crux of the matter, when she said:

The health ideal placed before the teacher must be that of positive health. She must really appreciate and understand that it no longer suffices to be simply not sick, she must aim to be always gloriously well. I should prefer my young teacher of health ideals to be thoroughly well and happy herself, with enthusiasm and no methods—at least, ready-made ones—than to be even a little neurotic, a trifle hollow-chested, but method perfect. Let her be so well that she coaxes health and happiness, and I am sure her methods will take care of themselves.

As a nurse, Miss Jean feels that there are tremendous opportunities for nurses to help the teachers in health education programmes. By their ability to interest the teachers in having the remedial defects of the pupils corrected, by their enthusiasm for positive, joyous health, they can render valuable service in developing the power of the idea that children can be interested in health.

On the last evening of the Mohonk Conference, Miss Jean announced that the Commonwealth Fund has decided to finance a thorough child health programme in three typical cities, for a period of five years. The general qualifications of the first city to be selected are that it should be from 15,000 to 25,000 in population with an infant mortality of approximately 100 per 1000 live births, or greater. The responsibility for carrying out this comprehensive child health programme is placed upon the American Child Hygiene Association, and the Child Health Organization of America. A joint committee will have charge of all general policies and plans.

After careful consideration the Committee has decided that the first city to be assigned in developing a thorough programme for child health will be selected from the upper half of the Mississippi Valley

region. Two other cities are to be selected in other sections of the country after work has been well started in the first. The general qualifications of the first city are that it should be from 15,000 to 25,000 in population with an infant mortality of approximately 100 per 1000 live births, or greater. It must also show a desire to cooperate in the work during the five-year period and a reasonable prospect of assuring responsibility for carrying it on in the future.

The work will be developed in such a manner as to enlist the cooperation of physicians, public health nurses, school nurses, and all other individuals and agencies interested in health and child welfare in the communities selected. The interest and cooperation of teachers in the school health programme will be vital to the success of the undertaking. No fund can finance a health programme in every nook and corner of the country, but if the cities in which the demonstrations take place devote every available resource to making them practical working programmes for all communities, the Commonwealth Fund will have made possible a long step forward in helping to bring health and happiness to every child.

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## ITEM

### THE LAKE MOHONK CONFERENCE

**A**N exceptionally interesting conference was held June 26-July 1, at Lake Mohonk, New York. Health teaching in its many forms is one of the vital questions of today, as indeed it has been, whether recognized openly or not, since the dawn of civilization. But of late years there has been a new awakening on the part of all thoughtful people to the knowledge that though health is indeed a heritage of the race, until the "habit" of health so far as human beings can attain it, is firmly established, *teaching health* must be of recognized and immense importance. While great and small experiments in this new tide of enthusiasm have been constantly made there is still an overwhelming amount of ignorance even amongst those whose business in life it is to know and to impart that knowledge. It was with the desire to bring together the leaders of health education and to pool their theories and experiments that this conference was called by the United States Bureau of Education and the Child Health Organization of America. Health Education and the Preparation of Teachers was the title given to the conference and in addition to the formal programme and discussions, round table conferences were conducted daily to consider how the subjects discussed could best be given to teachers through Normal Schools and Colleges, teacher training classes and institutes, and through other channels which reach the teacher.

The programme covered, during the week, papers and discussions on: Subject Matter in Health Education; The Place of Health Education in the Curriculum; Incentives and Motives in Health Education; The Promotion of Health

**Habits—Successes and Failures; The Preparation of Teachers in Health Education.**

Solid food apparently, but the vigor, enthusiasm and humor infused into the entire conference by the speakers and leaders of the discussions made the meetings of such absorbing interest that no one could be found to regret spending summer days—and nights—indoors with the outdoor lures of Mohonk continually calling. The conference, which was limited to 100 people, was made up of specialists and leaders in education from all over the country. Dr. C. E. A. Winslow, Dr. Maurice Bigelow, Professor Patty Smith Hill, Dr. E. V. McCollum, Mrs. Isabelle Baker, Miss Mabel Bragg, were among the many who spoke. Fifteen nurses were present. An impression gained was the lively and eager interest taken in the presentation of health to students by teachers in all parts of the country and in all varieties of schools and training courses, and the very interesting experiments being made to "put it over."

The result of the conference was a set of resolutions embodying the practical training in health education of students in normal schools and colleges and also the content of a course in health teaching.

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#### TALKS TO MOTHERS

The Maternity Center Association of New York, announces its publication of a series of twelve "Talks to Mothers" for the benefit of women in all parts of the country. It is said that more women between the ages of fifteen and forty-five die from causes incident to maternity than from any other cause except tuberculosis. The majority of these deaths are due to ignorance—to the fact that the mothers didn't know that care is necessary if their lives and the lives of their babies are to be protected. It is the function of the new publications to dispel that ignorance—to convince mothers that they must seek proper medical and nursing care. Dr. Haven Emerson, former Health Commissioner of New York City and an active member of our Medical Advisory Board, estimates that only one woman in seventeen in the United States receives the benefit of modern medical and nursing science at childbirth. The only way to solve the problem is through education. The mothers must be convinced that care is needed. The pamphlets may be secured from the Maternity Center Association, 370 Seventh Avenue, New York City, at prices ranging from twenty-five cents per set up to \$12.00 for 10,000 sets.

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#### TOO LATE FOR CLASSIFICATION

COLORADO STATE BOARD OF NURSE EXAMINERS will hold their fall meeting at the State House in Denver, on September 5, 6, 7, 1922. For further information write to the Secretary, Miss Louise Perrin, State House, Denver, Colo.

## HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

ALICE SHEPARD GILMAN, R.N., DEPARTMENT EDITOR

HOW ARE HOSPITALS TO MEET THE OBLIGATIONS WHICH THE  
NEWER STANDARDS OF NURSING EDUCATION DEMAND?

*(Continued from page 888, July JOURNAL)*

**T**HERE is today a conscious and an unconscious exploitation of nursing as well as an appreciation by a few of its future. We must take these factors into consideration in endeavoring to understand the viewpoint which we find when approaching superintendents of hospitals, their Boards and in fact the public at large on this subject of advanced education. It is quite improbable that they can accept it immediately after years of considering the students a financial asset instead of an educational responsibility. In presenting this scheme of ours, we must remember that we have not only educators to deal with, but hard headed business men who are endeavoring to run the hospital with as little deficit as possible. The problem of the superintendent in most cases is not how good a hospital he can run, but how little deficit he will have, as it has been my observation that a superintendent's success depends not entirely upon the quality of his administration, but largely upon being able to make ends meet. Therefore, we can not but feel more or less sympathetic with the superintendent's problem and in solving our own, we must endeavor to have the finances re-adjusted rather than look immediately to larger endowments for all hospital schools. They may come eventually but the public is not really conscious of what we mean when we speak of the separate school. They are not awake to it yet.

Public opinion in regard to hospitals at large must undergo a re-adjustment for the reason that people look upon those institutions as charitable and expect to be taken care of whether they can pay or not and when they do pay, expect to pay about half the amount it would cost for them for like consideration in a hotel in the same vicinity, disregarding nursing service, medicine, tray service, dressings, ambulance, X-ray, laboratories, operating room, etc., all of which are very expensive to maintain. The Boards of Trustees make up deficits as far as it is in their power to do so, but there is a limit even to their resources and if it were not for the School of Nursing and the student nurse who gives her unpaid service, it would be impossible for hospitals to operate under present conditions. In fact when legislation has been attempted in several of our states and a

question of barring the small hospital as an educational institution has been discussed, we are always confronted with the plea that they must have a school because they can not afford to pay graduate nurses. So this has come to be the actual status of the school in relation to the hospital, in other words, the hospital is almost entirely dependent upon student nurses for the actual bedside care of its patients. Many hospitals decrease their running expenses by a large amount of special nursing by their students at \$20 or \$25 per week and the student's board. These funds as well as tuition fees go into the hospital treasury, disregarding the financial needs of the school which has no budget or separate checking account. The school of nursing's utter dependence upon the administration of the hospital makes it impossible for it to progress if the superintendent is not in accord with the principal of the school or does not fully realize the need of progressive methods, equipment and a better prepared group of instructors and supervisors. It is the rare superintendent who does not curtail his or her deficit at the expense of the school in equipment, reference books, and supervisory staff. Not long ago, I was told by a superintendent that the board of trustees insisted upon two supervising nurses being removed in order to save expenses.

We have a very complex situation to deal with, in that it involves the responsibility for the sick of the community, operates day and night and we are endeavoring to create an educational institution comparable with our colleges of household arts.

Such an undertaking demands a woman of unusual executive ability, education and experience who knows not only the theory of administration of schools of nursing, but has combined with this a sound practical knowledge of the needs of the hospital and is sympathetic with the superintendent's economic problems. Consequently, the first necessity in every school of nursing is the proper head. No organization is better than its head, and nothing much can be accomplished until each school has a woman as its director who realizes what a school of nursing ought to be and has at least had the preparation to enable her to know how to progress along certain well established lines to advance it. It is sound economics to pay a salary commensurate with the responsibilities which the position imposes. The trained expert will save more than the extra amount of money paid in salary and at the same time enable the institution to render a wider and better service. It is not economy to pay a small salary to an inexperienced or inefficient executive. An able executive will gather about her people of a calibre equal to her own for the various departments, while an executive of lesser ability is unable to attract and hold women of more ability or experience than her own.

One of the most vital defects of the average hospital is its ignorance of what a principal of a school of nursing ought to be. Given an adequate salary and proper support, it should not be difficult for a school of nursing to secure its principal. This done, we will look to other obligations which must be met.

First those of instruction. There should be appointed as head of this department an instructor who is qualified by education and experience to teach. The woman who has simply graduated from a three-year course of training is not automatically qualified for this position nor is a well meaning, conscientious nurse who lacks the ability to inspire others. By an instructor, I mean a person who devotes her entire time to the instruction and supervision of the student nurse and who is not given other duties which would in any way interfere with this.

When other funds are not available to meet her salary, why could not tuition fees be charged and if necessary the monthly allowance decreased? There may be those who will say "We couldn't get any students if we were to do that." But it has been my experience that the schools who are really concerning themselves with better educational opportunities have the advantage of their neighbors in the number and quality of applicants.

The instructor must be provided with necessary teaching equipment and a suitable place in which to conduct her class work. The class rooms should be segregated as a teaching suite and should be available for her use continuously. Very desirable class rooms have been provided in a number of our schools at a very modest expense which would not be prohibitive in any hospital. A suite of three class rooms was partitioned off and equipped in one hospital through the generosity of a member of the Training School Committee for an outlay considerably less than \$500. It consists of a demonstration room of five beds with adjacent utility room and linen closet, a diet school and a chemical and bacteriological laboratory for ten students. This suite is in the Nurses' Home where the instructor is not liable to interruption. She has also the advantage of having equipment which is available solely for teaching purposes.

The need of a well balanced and comprehensive curriculum is obvious. An excellent outline has been prepared by the League of Nursing Education and can be obtained at the National Headquarters in New York City. The hospital facilities should be utilized to the fullest extent in carrying out this curriculum and can be supplemented by affiliation with other educational institutions in the vicinity, as the high school or technical school and college. There are several ways of bringing this about without entailing the large expense which the

average hospital has no funds to meet. First by exchange of instructors. Often the high school or college needs and should have taught a course in Home Nursing and the Care of Well Children. Who is better prepared to teach such courses than the instructor in the school of nursing? She can be exchanged for an instructor in Household Economics, Bacteriology, Chemistry or Psychology. One small hospital school which I know has three such courses being successfully taught by instructors from two institutions in the same city, without any expenses.

It is important to note at this point that the high school or college will not exchange their courses unless the school of nursing has an instructor who is educationally as well qualified to teach as their own. The hospital may also open its diet kitchen for practice work which is sorely needed by schools of domestic science.

Through closer coöperation small schools in the same city may bring about a high standard of teaching through coöperation in the establishment of a single course of instruction for a group of schools under an exceptionally able supervising instructor. Such a plan makes it possible to obtain very much better instruction for all schools for a much less outlay of money by the individual school. The schools which have tried this plan have found there is nothing to fear from loss of individuality, as each school has something very valuable to contribute to the whole. Through close coöperation of the principals and instructors of these schools a uniform procedure has been evolved as well as uniform equipment and other teaching facilities.

The central school is undoubtedly the solution for the states which have small hospitals in isolated localities with a few larger hospitals in the important cities. The students entering through the larger institutions and central school for the preliminary course and being assigned to certain hospitals for general training and certain other hospitals for special training. Such a school could be maintained if all the hospitals pooled their clinical and financial resources and centralized the teaching and supervision. For the details of this plan, I will refer to Miss Goodrich's article which appeared in the April number of THE AMERICAN JOURNAL OF NURSING.

*(To be continued)*

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We devote public appropriations and endowments to the maintenance of law schools, engineering schools, business schools, and schools of journalism. Is it not an astonishing thing, when one thinks about it, that nursing should have been regarded as less of a public service than any of these? It can hardly remain so regarded, in a country which has attained to equal suffrage.—*The New Republic*, July 12, 1922.

## STUDENT NURSES' PAGE

### GREETINGS TO THE STUDENT NURSES

**T**HE Supervisors and Staff Nurses of the Visiting Nurse Association of New Haven, Connecticut, are very glad to greet the student nurses through their page of "our *Journal*." We are all delighted that the students are to be among us, and that we shall have an opportunity to exchange ideas from time to time. This exchange will be valuable to us all. It might seem to the student nurses that the outside nurse is far removed, and that her problems are very different. If we could exchange places for a few hours, we should find that after all the problems are much the same both within and without the hospital walls.

The name "nurse" whether prefixed with "graduate" or "student" carries with it the responsibility of caring for those who are sick, and helping to safeguard the public health. The public at large expect a great deal from us, and it is our ambition to meet the responsibilities of the profession that we have chosen. Much depends upon the student nurse for the future of our work. If we were not sure that this army of workers within the hospital walls would be ready to take up the tasks where the outside workers must lay them down, we should have less faith in the future of the nursing profession. Once again we greet the student nurses of America.

MARY GRACE HILLS,  
ELIZABETH ROSS  
and  
THEIR FIFTY NURSES.

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## SUMMER RECREATIONS

*As Enjoyed by Graduates and Students of Three Hospitals*

ON LAKE CANANDAIGUA

BY MILDRED E. WRIGHT

*Frederick Ferris Thompson Memorial Hospital, Canandaigua, N. Y.*

**N**EARLY everyone agrees that camping is the ideal life for Summer and that accessibility to a lake is a great asset. In this particular we nurses of Canandaigua consider ourselves more than fortunate. Situated only a mile from the foot of the lake and the swimming school, we can spend even a short time off duty pleasurably.

However, we are not dependent upon the swimming school for our recreation; last summer an owner of a residence on the Lake

Road gave us the use of a strip of land beside the lake for camping purposes. A large, well equipped tent was pitched and the fun began. As comparatively few of the nurses can be off duty at one time during the day, most of our picnics are necessarily held in the evening, but our enjoyment is in no way lessened by that. The camp is about a mile from the foot of the lake, near enough to permit walking, but for those who consider the day's work sufficient exercise, transportation is assured, as the local car runs part of the distance (if one waits long enough), and a Ford coupe is always available, and everyone knows that in an emergency, the smallest Ford can do the duty of a seven-passenger car, at least.

Arriving at the camp in some manner, by half-past seven, supper is the first event, and who does not know the joy of eating in the open,—a pleasure brought about by a combination of everything typical of lake life; the rosy sky, the sun setting behind the willows, the sound of the water and of the croaking frogs, the inimitable odor of "hot dogs" roasting over the fire. Moonlight bathing is an attraction, or wading for those less adventurous, and then, sitting around our fire, now useful in keeping away the inevitable mosquito, we sing and talk.

Summer's heat holds no terrors for us when we can look forward to the end of the day and a picnic supper; for from the time of our last picnic each autumn we anticipate those of the coming summer.

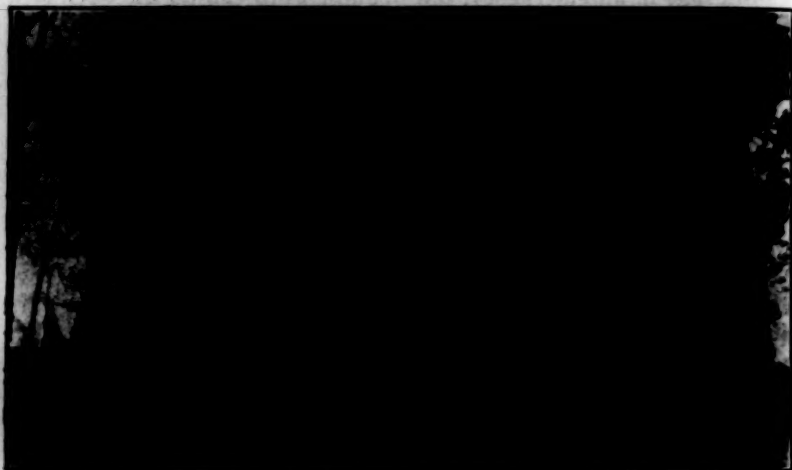
#### THE CAMP—INNIS ARDEN

SEVERAL years ago through interest of one of the then members of the Board of Managers of the Presbyterian Hospital, New York, a camp was placed at the disposal of the school office for week ends. The invitation is extended from April to November to graduates on the staff and student nurses of the school.

Sound Beach is a small town about 35 miles from New York on Long Island Sound and is reached after an hour's ride on the New York, New Haven and Hartford Railway. A mile and a half ride in an auto brings you to the entrance gate of Innis Arden, the private estate of Mr. J. Kennedy Tod. This is familiarly called in the village "Tod's Point," being a peninsula jutting out into the Sound, and connected with the mainland by what was formerly a sand bar. This bar has been filled in and built up until it is a wonderful driveway with the Sound on either side and leading to a natural park which is two miles in diameter and has an irregular rocky coast line. The driveway leaving the bar encircles the park and thus gives easy access to any part of it.

The first interest after being admitted by the concierge, who, at

the honk-honk has trotted out from his tidy cottage, is a picturesque "Queen Anne" cottage just at the end of the bar. This is just the beginning of surprises—a vegetable garden, the family residence on the side of a small lake, the chauffeur's cottage; the overseer's cottage, the stables, the garage—are passed in succession until, best of all, at the farthest point from the gate, we suddenly drive up to "The Camp." The wide open door, the flowers on the table and the jovial greeting from the man-about-the-place, who looks after such creature comforts as wood, etc., all spell a welcome.



The Camp—Innis Arden

The word "camp" very inadequately describes the group of buildings used for the entertainment of the nurses. The main building is one large living room with fireplace, writing desk, two day beds and easy chairs. At either end is a very small dressing room. The advantage of this arrangement is evident. The dressing rooms are as small as can still be convenient, but that means that the living room is as large as possible—also later the sleeping room is the same size. This arrangement, however, gives no excuse for littering up the living room with unsightly wearing apparel and bags. But some one is already saying, "I thought this was a camp." It is first a place of rest—pleasure to the eye is emphasized everywhere and no more effectually than in this living room with its brown and green furniture and bright chintz. The wall next to the water can be completely thrown open by means of large doors and the room becomes a large porch screened and cool. To the east are two tents, each containing

two single beds. Here again is the same idea of comfort and restfulness, the tents being perfect little bedrooms with white furniture. To the west is the kitchen with every convenience for cooking and a screened in out-door dining room a few steps farther on. Put these in a small grove of oak trees, cut the grass about the paths sufficiently to keep the feet dry after a rain and you have a picture of "The Camp" at Innis Arden.

A description of a week end party would be incomplete without some reference to the tables. The thoughtfulness of our hostess keeps the kitchen supplied with non-perishable food such as sugar, tea, coffee, jam and so on. At the door to welcome us each Saturday afternoon is a large can of milk and basket of whatever the garden supplies. The gardener shows his interest in "The Camp" by arranging this basket with as fine an appreciation of color as any florist. The Swiss chard and spinach are arranged to blend their green and the touch of color from radishes, young carrots and beets is added. Nor does he hesitate to add a few onions, that delicacy denied the profession. The perishable food such as eggs, butter and fresh meat are supplied from the hospital kitchen, the superintendent having given orders that a basket be packed each Saturday morning with sufficient allowance for the number of nurses week-ending. A season ticket on the railroad from our host and hostess completes the arrangements for "The Camp."

To those who are familiar with the details of a suitable week-end for a group of young women away from home, often of limited incomes, the relaxation of wandering at will on a private estate large enough to afford several hours' walk, the variety afforded by the formal garden, the ponds with the swan and duck, the natural oak grove with its strawberries and wild flowers, the bathing, the freedom from financial responsibility, even the cooking and moderate amount of housekeeping will be thoroughly appreciated.

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## OUR COTTAGE

BY HAZEL MACKAY, '22

*The Johns Hopkins Hospital School for Nurses, Baltimore, Md.*

**S**HERWOOD FOREST! What glorious memories the name brings! Days filled with healthy, happy sports and the sheer joy of living and wonderful evenings on the moonlit river with the stillness broken only by the sound of a dripping paddle or the fitful melody of the ubiquitous guitar or uke.

Sherwood Forest Park comprises over nine hundred acres of

beautiful wooded land with a water-front of nearly two miles on the Severn River, an hour's ride from Baltimore and between that city and quaint old Annapolis. The Park has a natural arrangement of hills divided by ravines and each hill takes its name from romantic "Robin Hood"—Edgehill, Friar Tuck, Nottingham, etc. It was in 1916 that a God-sent inspiration moved several of the Trustees of the Johns Hopkins Hospital to build one of the most attractive cottages in the Park for the Training School for the pleasure of the students, particularly for those who come from distant states and countries and who are unable to spend their vacations at home. Every summer from May until October groups of congenial spirits spend from one to four weeks at a time in this ideal vacation spot, and during the week ends the cottage is always overflowing with picnic parties who arrive by electric car or motor. Even night nurses have been known to steal off in the morning and after a long swim and picnic breakfast curl up to sleep a dreamless sleep on the wide porch, returning to the hot, dusty city rested and refreshed.

On that particular hill called Nottingham is found "Our Cottage" perched like a bird's nest high among the trees of a precipitous bank which abruptly slopes to the river below. French windows open on a porch overlooking the water, and here in hammock or steamer chair one lazily imagines himself among the tree tops. The cottage itself is delightful. Off the sunny living room with its inviting fireplace, which later in the season adds the cheer of blazing logs to the jolly groups around it, open the bedrooms, which are never by any chance occupied, but which serve as very wonderful dressing rooms. A tiny bathroom with cold shower meets the requirements of the returned bather. And running the length of the bungalow with every protection against the nefarious mosquito one finds the sleeping porch shaded from the sun by the surrounding trees and mighty inviting with its half dozen cots companionably close and mayhap holding the recumbent forms of as many girls after a vigorous day out-of-doors.

If one is so minded, delightful meals can be cooked upon electric grill, and a wee kitchenette furnishes ample room for oil-stove, refrigerator, a stock of pretty dishes and cooking utensils, and one can easily imagine the prodigious appetite which accompanies such a meal served on the porch overlooking the water. Those lazy souls who detest cooking can walk a wooded path which in three minutes leads to a rustic inn where white-coated darkies serve wonderful Southern dishes to family parties or the individual in a large, cool, open room.

The golf courses invite early rising for an exhilarating morning round and the tennis courts are always popular. But it is the river with its windings, its wooded shores and little runaway creeks wan-

dering far up under the cool boughs of overhanging trees, that calls, from the early morning swim to the late evening sail or paddle upon its sunset-reflected surface. The violins may wail and the trombones slide in the Clubhouse above, but the magic of moon and water has its way and it is with reluctance one hears the boatman's call to return to shore.

But all good things come to an end. And so with tanned arms and faces, an overflowing vitality and a great appreciativeness of the thoughtfulness and generosity of our benefactors we return at the end of those joyful days to again "smooth the burning brow" of the less fortunate within the hospital walls.

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#### SIX DOLLARS A YEAR FOR HEALTH SERVICE

"The Committee for study of Community Organization for the Self-Support of Health Protection of Mothers and Young Children," is a new venture in health conservation. This committee is the result of a coöperative alliance between the Maternity Center Association, the Henry Street Visiting Nurses' Service and the New York Diet Kitchen Association. The new organization has thus far met with whole-hearted coöperation at every turn. \* \* \* The community from 130th to 139th Street and between Eighth Avenue and the Hudson River was focused upon for purposes of intensive study. With the Visiting Nurses' Association coöperating, the citizens of this area were offered health service for \$6.00 per year, covering the following services: Supervision for pregnant mothers; assistance at confinement; baby health service for babies under two years; health supervision of children from two to six years; visiting nurse service for sick persons of all ages. \* \* \* The organization has made an effort, very earnestly, to stress these points. It is genuinely democratic and self-supporting. The cost of \$6.00 per year has been estimated on the basis of 1920 expenditures of the three participating organizations as well as on the general average birth, death and sickness rates.—*National Health Council.*

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#### LAYETTE PATTERNS

The difficulties encountered in teaching mothers how to dress babies properly are well known. To help in solving this problem, the Metropolitan Life Insurance Company is now distributing a layette pattern to its industrial policyholders, which is a new departure in infant dressing. It was designed by Dr. Josephine Baker, Director of the Bureau of Child Hygiene of the New York City Department of Health. It is the product of years of study and embodies several novel features. All garments open in the front. This permits the garments to be laid on the table in the order in which they are to be worn. The child is then laid on the clothes and dressing may be completed without turning the baby. If you are engaged in Child Welfare or Maternity work, and could use a limited number of these patterns, they will be sent free of charge upon request to the Welfare Division, Metropolitan Life Insurance Company, 1 Madison Avenue, New York.

## LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer to insure publication.

### THE NURSE AND THE AMERICAN LEGION

**D**EAR EDITOR: There are few organizations, if any, existing today which have a greater opportunity for service to their fellow citizens and their country than has The American Legion. For nearly half a century the Grand Army of the Republic was perhaps the greatest single force in the United States. In the main it was a splendid, well administered force. Our life as a people would have been distinctly poorer without it. Splendid as has been the elder organization, the newcomer has even greater possibilities of service. In the heyday of its strength, the Grand Army had a membership of less than 500,000 while the American Legion has already a membership in excess of a million, and a possible membership of four and a half millions. Properly directed, unselfishly and patriotically guided, one can readily see what a wonderful stabilizing element for the welfare of our country it can be. Unlike the Grand Army, the American Legion has made eligible to full and complete membership a certain group whose cooperation and support are much desired. I refer to the nurses who were regularly enlisted in either the Army, the Navy or the Marine Corps. This does not include the Red Cross nurses as such, for while their service was fine, they were not a part of the military establishment of the United States, but only those nurses regularly enlisted and subject to military orders. To these, the Legion extends its most cordial greeting of fellowship. The Department of Maine has endeavored to make us feel that we are most welcome; that it desired not only our membership, but also our active interest and cooperation in the business affairs and social diversions of the Posts. It has urged us to join the regular Posts and not form Posts of our own, even when our numbers would warrant a separate Post. We believe that by joining the regular Posts, we can better maintain and perpetuate that spirit of comradeship of the war days. On its delegation to the National Convention of the Legion at Kansas City, this Department placed two nurses, one a Navy nurse, the other an Army nurse. The result was very satisfactory and will doubtless become a precedent. I hope that every Department will place on its delegation to the Convention at New Orleans one or more nurses. There is quite a possibility that a nurse will be elected one of the National Vice-Commanders. Whether we served in the camps of this country or of the A. E. F., the naval bases or in the field and evacuation hospitals of the near front, it makes no difference to the American Legion. The Legion recognizes no distinction of places of service. The sense of comradeship between the men and women who served in the military forces of the United States was one of the beneficial developments of the war. In our everyday life, there is but one medium through which that fine spirit of comradeship and mutual helpfulness of war days can be preserved—that is through the American Legion. In the excellent programme of service which the Legion has adopted, we should do our part. This programme is in three parts. First, Care of the sick and disabled veterans. The Sweet Bill provides proper benefits for the disabled, but the Legion must see to it that they individually receive the benefits to which they are entitled. Second, Aid to the financially disabled. A serious unemployment situation confronts the country. The Legion is endeavoring to ameliorate this situation and aid the

ex-service men and women to rehabilitate themselves in gainful occupations. Third, The problem of Americanism. The war disclosed the fact that 24.9 per cent of those examined for the draft could not read English; that large groups of our population had no sympathy with our ideals, or desire to be assimilated in our nation. The Legion is vigorously attacking this problem. In this programme, the Legion asks the coöperation of the nurses. We must devote to the problems of peace some of the high purpose and spirit we devoted to the problems of war. The work of the Legion is a very necessary work. The American Legion needs the nurse—the nurse needs the American Legion.

THELMA SELFRIDGE, R.N.

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#### THE PACIFIER

**D**EAR EDITOR: Is a "pacifier" too small a thing for our National Organization of Nurses to take up? It is about the size of a thimble when it first goes into the babies mouth, but by the time it has done all the harm it is reported to be capable of doing one might think of it as the size of an aeroplane. We see these pacifiers by the hundreds on the streets, in the homes, and at our baby clinics. The mothers are warned against them after the child has already formed the habit. It seems to me we are beginning at the wrong end of the line. Why not educate the manufacturers as to the harm they do and persuade them to discontinue making them. I have thought of looking up their names and addresses and writing them, but what good would only one petition do? If our organization representing fifty thousand nurses could take it up, couldn't we soon wipe them off the face of our country? I am trying to educate the people in Mercer County. I bought out one druggist at cost, bought the pacifiers and rubber tubing for nursing bottles. He was surprised at the up-to-date ideas and quite willing to coöperate. I have written to the Women's Federated Clubs of North Dakota to see whether they will help to make a raid on them in this State.

North Dakota

M. D. B.

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#### JOURNALS ON HAND

**M**ISS K. Toomey, 1088 Fairfield Avenue, Bridgeport, Conn., writes that she has on hand a complete set of *Journals* for 1920, which anyone may have by paying the postage on them. She will hold them for a limited time.

Miss Lucy M. Busbey, American Red Cross, The Court House, Fort Wayne, Indiana, will give all, or any part, of the following *Journals* to anyone willing to pay transportation on them: October, 1913; May, July, November, 1917; April, 1918; July, November, December, 1919; entire year, 1920; and entire year, 1921.

# NURSING NEWS AND ANNOUNCEMENTS

NATIONAL CONVENTION, JUNE 26 TO JULY 1

## REPORT OF REGISTRATION

Number of American Nurses' Association.....	569
Number of National League of Nursing Education.....	118
Number of National Organization for Public Health Nursing.....	378
Total Registration without duplication.....	1984

## REGISTRATION BY STATES AND COUNTRIES

Alabama.....	8	Massachusetts.....	41	Rhode Island.....	3
Arizona.....	4	Maryland.....	10	South Carolina.....	3
Arkansas.....	7	Michigan.....	80	South Dakota.....	14
Alaska.....	2	Minnesota.....	123	Tennessee.....	8
California.....	101	Mississippi.....	1	Texas.....	30
Colorado.....	26	Missouri.....	63	Utah.....	24
Connecticut.....	23	Montana.....	25	Vermont.....	3
Delaware.....	1	Nebraska.....	21	Virginia.....	10
District of Columbia.....	10	Nevada.....	1	Washington.....	519
Florida.....	6	New Hampshire.....	9	Wyoming.....	5
Georgia.....	9	New Jersey.....	17	Wisconsin.....	23
Idaho.....	27	New Mexico.....	5	West Virginia.....	13
Illinois.....	113	New York.....	131	Canada.....	65
Indiana.....	38	North Carolina.....	9	China.....	2
Iowa.....	52	North Dakota.....	17	Hawaii.....	3
Kansas.....	22	Ohio.....	42	Holland.....	1
Kentucky.....	11	Oklahoma.....	14	Philippine Islands.....	2
Louisiana.....	4	Oregon.....	109	Korea.....	1
Maine.....	8	Pennsylvania.....	73		
				Grand Total.....	1984

## NURSES' RELIEF FUND, JUNE, 1922

Previously acknowledged.....	\$12,395.09
Interest—on bank balance.....	144.23
Interest—on Liberty Bonds.....	665.13
Arizona: State Association.....	226.00
Connecticut: Meriden Alum. Asso., \$5; individual subscription, \$5.....	10.00
California: Sacramento County Asso., \$15; Dist. No. 1, Alameda County, \$18; Dist. No. 5, \$45.50; Dist. No. 8, San Diego County, \$6; Dist. No. 9, San Francisco County, \$20.50; Dist. No. 10, San Joaquin County, \$23; Dist. No. 12, Santa Clara, \$10; Dist. No. 13, Santa Cruz, \$9.....	148.00
Colorado: Colorado Springs and Denver Nurses.....	47.95
District of Columbia: Columbia and Children's Hospital Alum. Asso., \$10; District of Columbia Nurses' Asso., \$188; two individuals, \$3.....	201.00
Illinois: District No. 11, \$22; First District, \$14.....	36.00
Iowa: District No. 7.....	68.40
Kansas: State Association.....	7.00
Kentucky: West District, \$25.00; individuals, \$4.00.....	29.00
Massachusetts: Essex County Nurses' Asso., \$20.00; Lynn Hospital Alum. Asso., \$20.58; Salem Hospital Alum. Asso., \$10.00; personal gifts from Salem Hospital Alum. Asso., \$8.00; Peabody Hospital Alum. Asso., \$5.00; Gloucester Hospital Alum. Asso., \$5.00; Danvers Hospital Alum. Asso., \$5.00; personal contributions, \$1.42; Union Hospital Alum. Asso., Fall River, \$10.00.....	85.00

Minnesota: Asbury Hospital Alum. members, \$5.00; 3rd District, \$38.00; 4th District, \$32.00; 5th District, \$12.00.....	87.00
Missouri: Missouri Baptist Sanitarium Alum. Asso.....	10.10
Montana: District No. 6.....	29.00
New Hampshire: State Association, \$27.00; one individual, \$1.00; St. Joseph's Hospital Alum. Asso., Nashua, \$12.00; Hillsboro General Alum. Asso., \$10.00; Beacon Hill Hospital Alum. Asso., Manchester, \$6.00; Littleton Hospital Alum. Asso., \$8.00.....	64.00
New Jersey: District No. 1.....	29.00
New York: Auburn City Hospital Alum. Asso. Dist. No. 4, \$1.00; Dist. No. 13, two individuals, \$7.00; members Mt. Sinai Hospital Alum. Asso., \$22.84; New York Post-Graduate Hospital Alum. Asso., \$140.00; Homeopathic Hospital Alum. Asso., Albany, N. Y., \$15.00; District No. 2, \$31.00; graduate nurses of Auburn, \$50.00; District No. 14, \$2.00.....	268.84
North Dakota: State Association.....	5.00
Oklahoma: State Association.....	26.00
Philippine Island, Manila—Asso. of American Nurses.....	50.00
Pennsylvania: Woman's Hospital Alum. Asso., Philadelphia, \$81.00; one individual, \$1.00.....	82.00
Rhode Island: One individual, Newport.....	2.00
Tennessee: Nashville District, \$200.00; Chattanooga District, \$100.00; Memphis District, \$140.00; Knoxville District, \$123.00.....	563.00
Washington: Grays Harbor Nurses' Association.....	100.00
Wisconsin: Seventh District, \$25.00; Ninth District, \$10.00; Third District, \$50.00.....	85.00
Total receipts, July 1st, 1922.....	\$15,463.74

## DISBURSEMENTS

Paid to 31 applicants for June.....	\$475.00
Paid to 30 applicants for July.....	460.00
E. E. Golding, Chairman.....	13.79
Exchange on checks.....	.60
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	\$949.39
July 1st, 1922, balance.....	\$14,514.35
Invested funds.....	49,150.00
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	\$63,664.35

M. LOUISE TWISS, R.N.,

*Retiring Treasurer.*

At the Biennial meeting the Board of Directors appointed the Relief Fund Committee for two years, as follows: Elizabeth Golding, New York, Chairman; Mrs. Janette Peterson, Los Angeles, Calif.; Martha Giltner, Greenville, Mass. As stated in the by-laws, the Secretary and Treasurer of the American Association shall be members of this Committee.

Contributions for the Relief Fund should be sent to Miss V. Lota Lorimer, 1238 West Lake Avenue, Lakewood, Ohio. For information, address E. E. Golding, Chairman, 317 West 45th Street, New York City.

NATIONAL LEAGUE OF NURSING EDUCATION, CONVENTION IN  
SEATTLE, JUNE 26-JULY 1, 1922

If anyone had a lingering notion that Seattle was a remote village, and that a meeting of the three national nursing organizations would be too big an undertaking for her nurses to handle, that idea was speedily dispelled as soon as the visitors came in contact with the efficient system Miss Loomis, Miss Rice, Miss Hall and their confreres had been arranging for months, which surrounded every guest with a welcome, and made the work of the convention as easy as possible. The Y. W. C. A. placed their beautiful building at the disposal of the nurses and its wide corridors and ample assembly rooms made for an efficient and satisfactory service. The Programme Committee had arranged for large meetings, section meetings, round tables, and committee meetings, and we were all immediately plunged into a maelstrom of intelligence. It would indeed require a genius for condensation to give in a brief report any adequate idea of the interest and enthusiasm present every hour.

Among so many papers showing careful thought and earnest study it is difficult to select for comment. All brought of their best for the common good and gave cordially, and from Miss Goodrich's inspiring address on Monday evening on "The Nurse in a Democracy" through the sessions regarding the responsibilities of the nurses—students, teachers, administrators—to be every one of them a health teacher and an interpreter of the discoveries of the scientists so that very real progress in living may be possible—all contributed to the impression that the nurse as an expert is recognized and welcomed and her contribution needed.

The League business meetings were fully attended, the reports of the standing committees showed a very considerable amount of progress along the lines on which we have been working for years. The committee on the Revision of By-laws presented suggestions for possible re-organization, making some combination of membership so that the power of initiative always held by the League as a body of eager specialists may be combined with inspirational relations with every nurse who is beginning her work as a teacher of nurse students. These plans will soon be sent out to the states for general discussion and we hope something workable may be evolved.

Dr. Richard Olding Beard was our honored guest and his addresses were very suggestive of his sincere understanding of our problems and his wish that we live up to our privileges of service. The following resolution was passed: Resolved, that we extend to Dr. Beard our appreciation of his wonderful vision of the need of maintaining our national health which has led him to study and criticize constructively nursing education, and we do hereby tender him Honorary Membership in our Association.

A committee on the cost of nursing education, Miss A. B. McCleery of Evanston, Chairman, made a preliminary report on the subject, which is a beginning of very necessary investigation. Other papers and committees stressed the need of endowments or grants, as it has never been found possible to give education without expense.

For those interested in education the presentation of the long awaited Rockefeller report on Nursing Education was the outstanding event of the week. On Wednesday evening Miss Goodrich read rapidly for more than an hour and so conveyed to us the abstract of Miss Goldmark's report, as condensed by Dr. Winslow. The first reaction seemed to be almost a shock that

there was so little new matter in the recommendations of the Committee, that, as Dr. Board said, it was an echo of what we had been hearing in the convention. Then there seemed to be a realization that, however much we might long to have presented a panacea for our troubles, it was in accord with human experience that no royal road was shown and that the definite presentation of our educational problem by educational experts would be a very valuable guide to further progress.

The social side of the convention was not forgotten, as a charming evening reception, tea each afternoon at the Y. W. C. A., and delightful rides about the city arranged by the citizens showed. Now the guests are departing for their various journeys of pleasure or business and everyone is richer for a knowledge of the beautiful city by the Sound, its cordial people, as well as the professional knowledge and inspiration gained.

MARTHA M. RUSSELL, *Secretary.*

#### ARMY NURSE CORPS

During June, 1922, the following named members of the Army Nurse Corps were ordered transferred to the stations indicated: To Wm. Beaumont General Hospital, El Paso, Texas, 2nd Lieutenants Helen A. Dugan, Margaret M. Kennedy, Mabel C. Primer, Martha M. Sutter; to Station Hospital, American Forces in Germany, Coblenz, Germany, 2nd Lieutenants Anna Reeves, Gertrude M. Weaver; to Fitzsimmons General Hospital, Denver, Colorado, 2nd Lieut. Florence Calvert; to the Hawaiian Department, 2nd Lieutenants Harriet Aronson, Kathleen Mitchell, Anna D. Wight, Catherine Wolfe, Helen E. Woodmansee; to Station Hospital, Fort Leavenworth, Kansas, 2nd Lieut. Marie T. Hoel; to Letterman General Hospital, San Francisco, California, 2nd Lieutenants Margaret M. Millington, Mabel G. May; to Station Hospital, Ft. Monroe, Va., 2nd Lieut. Abigail Graves; to Station Hospital, Plattsburg Barracks, N. Y., 2nd Lieutenants Mabel M. Lealey, Margaret MacNichol, Sadye M. Rosenthal; to Station Hospital, Fort Sam Houston, Texas, 2nd Lieutenants Anna C. Keifer, Minnie Kirkpatrick, Lulu J. Newton; to Station Hospital, Ft. Sill, Oklahoma, 2nd Lieut. Anna O. Baird; to Teachers College, Columbia University, New York City, 1st Lieut. Ruth I. Taylor; to Station Hospital, Fort Totten, N. Y., 2nd Lieut. M. Eliza Weaverling; to Walter Reed General Hospital, Takoma Park, D. C., 2nd Lieutenants Maude C. Davison, Alice McCauley, Ella M. Miller, Catherine A. Murphy, Agnes I. Skerry, Mary A. Smith, Elizabeth Uzelmeier, Celena A. M. Finnegan, and 1st Lieut. Elizabeth Melby.

Orders have been issued for the separation from the service of the following named members of the corps: First Lieut. Alice H. Flash, Chief Nurse, and 2nd Lieuts. Ruth E. Brown, Nell B. Carrington, Lois Clarke, Eilian Davies, Dorrit A. Degner, Pearl M. Goatley, Helen Halfpenny, Anna V. Hannigan, Laura E. Harris, Edith M. Hartzel, Edith M. Hintze, Juanita Humphrey, Lucy Keenan, Christine M. Kennelly, Kathleen M. King, Lillah LeCroix, Belle Lombard, Helen M. McHarry, Mary J. Mahoney, Myrtle Loraine Maxey, Frances Pearle Mayfield, Lily Miller, Minerva Muselman, Elinor D. Parker, Elizabeth Pumphrey, Sarah Pauline Robinson, Edith Shoemaker, A. Lillian Small, Frances Mary Smith, Ruth E. Stevens, Augusta H. Timos.

The following named 2nd Lieutenants have been admitted to the corps and assigned to duty as follows: To Wm. Beaumont General Hospital, El Paso, Texas, Ella M. Jones, Eva M. Suttley; to Station Hospital, Camp Eustis, Va., Amy

Hoover; to Fitzsimons General Hospital, Denver, Colo., Josephine Lundberg, Marie Holan, Louise Boehme, Olive MacCampbell, Alda M. Gage, Matilda C. Lundberg, Maude C. Tangye, Garretta Hocker, Katherine E. Kelly; to Letterman General Hospital, San Francisco, Calif., Laura L. Holmes, Josephine Ryan, Laura Heston, Katherine M. McGurk, Gertrude Hard, Alma T. Skoog; to Station Hospital, Fort Sam Houston, Texas, Marie M. Hegner, Mary J. LaCoke, Flora Wolf; to Walter Reed General Hospital, Takoma Park, D. C., Gladys T. Bachman, Helen M. Cronin, Agnes C. Perry.

Second Lieutenants Kathleen Mitchell and Helen Woodmansee at Letterman General Hospital and Rose J. Thiel at Fitzsimons General Hospital have been transferred from the Reserve to the regular Army Nurse Corps.

Four members of the Army Nurse Corps are taking post-graduate work in summer schools while retaining their membership in the Army Nurse Corps. First Lieut. Mary C. Beecroft and Second Lieutenants Ella F. Tingley and Burdette B. Sherer from the Letterman General Hospital are taking the course for instructors at the Leland Stanford University, Palo Alto, Calif., and Ruth I. Taylor, First Lieutenant, is taking a course at Teachers College, Columbia University, New York City. These four nurses are on full pay and allowances while attending the universities. Miss Melby has completed her course at Teachers College and has been awarded her M. A. degree and a diploma in Supervision and Instruction in Schools of Nursing, and has returned to the Walter Reed Hospital to take up her duties in connection with the Army School of Nursing.

Pearl C. Fisher and Carolyn C. Milligan have been promoted to the grade of chief nurse.

The Medaille d'Honneur des Epidemics d'Argent has been awarded to the following nurses for their services to the French troops while with the American forces in Germany: First Lieut. Elizabeth D. Reid, 2nd Lieuts. Alva Tomlinson, Julia McAuliffe, Alice M. McCauley, Marie Cloherty, Abigail B. Graves, Anna B. Hopkins, Magdeline C. Fisher.

All the nurses have been withdrawn from Germany with the exception of 1st. Lieut. Lyda M. Keener and 2nd Lieut. Mary Elizabeth O'Donnell, and two additional nurses, 2nd Lieuts. Gertrude M. Weaver and Anna C. Reeves, have been sent to Coblenz on a recent transport to remain with the troops which are still at that station.

#### ARMY SCHOOL OF NURSING

The Alumnae Association of the Army School of Nursing had a reunion and meeting on June 8, 9 and 10 at the Walter Reed Hospital, where they were the guests of the hospital. Eighty-six members were present and they regretted very much that others could not be with them to enjoy with them the special privilege of hearing Miss Goodrich's inspiring talk and to receive the congratulations and good wishes of the Surgeon General. The Dean of the school presented some tentative figures showing the activities of the graduates of the first class of the school. Of the 96 who entered the Army Nurse Corps, 82 are remaining at the present time. Four of these are engaged in public health work in Army camps. Twenty have been enrolled in the U. S. Public Health Service. One hundred fifteen are engaged in some form of public health work, including visiting nursing, social service, school nursing and industrial nursing. Fifty-four are holding institutional positions. Eighty-six are engaged in private duty. Twenty-nine have been married. Of this group, however, we have heard that several are still continuing their work as nurses and are engaged in private duty. Twenty-

two are at home, two caring for invalid relatives. Four have spent a year studying at Teachers College. One has a position as assistant in a doctor's office. One has temporarily returned to teaching. Complete reports of the 507 graduates are not yet available. Enrollment in the Red Cross Nursing Service is rapidly being accomplished upon the passing of state registration examinations. It was a great satisfaction to the Alumnae to hear through the representative whom they sent to the Seattle Convention that the difficulties regarding membership of the Alumnae Association in the American Nurses' Association had been temporarily solved by the arrangement at the Convention for provisional membership.

JULIA C. STIMSON,

*Major, Superintendent, Army Nurse Corps,  
Dean, Army School of Nursing.*

### NAVY NURSE CORPS

The Pay Bill which recently became law continues to be a subject for discussion among the members of the nursing profession in and outside the government environment. In drawing up the bill, according to instructions from the Congressional Committee, an attempt was made to standardize the pay of nurses in the three Government Services. The Army and the Navy nurses are on the same pay basis; and service in the Army counts in computing Navy pay and vice versa. Time spent in the U. S. Public Health Service, however, does not count in computing longevity pay in the Navy.

Although the cost of living has been lower during the past year, it is still sufficiently high to cause anxiety in the Navy Department regarding the subsistence of nurses based on the per diem per capita rate authorized in the Pay Bill. An amendment, therefore, was introduced in the Navy Appropriation Bill providing for the expense of subsisting nurses in hospitals and on board ships. The Navy has sent out instructions to all hospitals and ships directing that the method of subsistence for nurses shall be followed "as heretofore." This evidence of the thoughtful care which the Navy gives to its nurses has been deeply appreciated by those who realize that the comfortable living conditions hitherto provided for the nurses was one of the reasons which reconciled the nurses to the pay which is fixed by law. The nurses will watch with interest the ruling of the Comptroller of the Treasury on the question of nurses in hospitals receiving the allowance for quarters while on authorized leave of absence, during which time they do not occupy Government quarters.

The number of nurses assigned to duty on Navy Transports is necessarily limited for each voyage, but an effort is being made to give all nurses who desire to travel an opportunity to transfer from coast to coast via the Panama Canal. The Transports call at the various ports: Haiti, Guantansmo, St. Thomas, twenty-four hours at least at Ancon, San Diego, San Pedro, San Francisco, and usually Puget Sound. The reports which reach this office indicate that the nurses are excellent sailors and have no difficulty in adapting themselves to the ship environment in the performance of their professional work.

During June the following nurses were appointed and assigned to the Naval Hospital at the station indicated: To League Island, Pa., Rebecca Nora Rollins from Philadelphia, Pa.; to Mare Island, Calif., Mary L. Cavanaugh and Margaret Ann Rose from Denver, Colo.; to New York, N. Y., Laura Matilda Nygren from Baltimore, Md., and Johanna E. Susay from New Haven, Conn.; to Parris Island, S. C., Mary Hennemeier from Atlanta, Ga., and Ellen Eva Wells from City Point,

Fla.; to Portsmouth, Va., A. Gertrude Kleins from Altoona, Pa.

The following nurses were transferred: To Great Lakes, Ill., Esther Louise Klein from Charleston, S. C.; to League Island, Pa., Ruth Elgin Cleaver (via U. S. S. Chaumont) from Mare Island, Calif.; Olive I. Riley from Portsmouth, Va.; to Mare Island, Calif., Edith M. Ahlstrom, Agnes J. Gibson and Frances V. P. Haines (via U. S. S. Chaumont) from San Diego, Calif.; Jane E. Hamilton (via U. S. S. Argonne) from Quantico, Va.; to New York, N. Y., Florence M. Gibson, Mary M. Maney, Julia Moser and Margaret B. Rooney from Great Lakes, Ill.; Mary J. McClood (Chief Nurse, U. S. N.) from Puget Sound, Wash.; Hazel M. Scott from Portsmouth, Va.; to Portsmouth, N. H., Helen J. Lord from Chelsea, Mass.; to Portsmouth, Va., Margaret M. Fitzpatrick, Jennie M. Jason, Alice E. McGuire, Honor Hellene Terman, Floy I. Walter from Chelsea, Mass.; Frances E. Meador, Stella Pettway from Parris Island, S. C.; Flora M. O'Connor from Charleston, S. C.; Roberta M. Page (via U. S. S. Chaumont) from Mare Island, Calif.; to Pharmacist's Mates' School, Portsmouth, Va., Margaret Pierce from Chelsea, Mass.; to Puget Sound, Wash., Katherine E. Groer (via U. S. S. Argonne) from New York, N. Y.; Elizabeth Hopkins (Chief Nurse, via U. S. S. Argonne) from Chelsea, Mass.; to Quantico, Va., Mabel G. Mills from New York, N. Y.; to San Diego, Calif., Elizabeth L. Tope from Great Lakes, Ill.; to Hospital Corps Training School, San Francisco, Calif., Katharine M. Leary (Temporary Duty) from Mare Island, Calif.; to U. S. S. Relief, Ida E. Brooks from Washington, D. C.; Lucia D. Jordan (Chief Nurse, Temporary Duty) from League Island, Pa.; to U. S. S. Argonne to Haiti and Return, Josephine Knight (Temporary Duty) from Newport, R. I.; to Washington, D. C., Ella B. Elwell, Eleanor B. O'Grady, Olga A. Osten from Great Lakes, Ill.; Elizabeth Hewitt (Chief Nurse) from Pearl Harbor, T. H.; Blanche Kennedy from Portsmouth, Va.; to Stanford University, Calif., Special Course for Instructors in Nursing, Viola M. Visel from Hospital Corps Training School, San Francisco, Calif.

*Honorable Discharges:* Fannie E. Craig, Julia Higbie.

*Resignations:* Mary Jane Behmer, Maude A. Best, Caroline L. Claude, Charlotte M. Doyle, Marie Evelyn Gillespie, Daisy S. Graves, Mary H. McNally, Marie F. Nelson, Rosa Isabel O'Donovan, Lucy Belle Williamson.

*Inactive Status:* Elizabeth L. Allen.

LENAH S. HIGBER,  
Superintendent, Navy Nurse Corps.

#### U. S. PUBLIC HEALTH SERVICE

During June, 1922, the following assignments, transfers and reinstatements were made: Reinstated: Mary McSweeney as Acting Chief Nurse, U. S. Marine No. 18, St. Louis, Mo.; Martha Adams, U. S. Marine No. 21, Stapleton, N. Y. Transferred: Hannah Flahive, U. S. M. No. 22, Norfolk, Va., to U. S. M. No. 2, Boston, Mass.; Amanda Lee Lang, U. S. M. No. 11, Louisville, Ky., to U. S. M. No. 3, Buffalo, N. Y.; Lillian Wilson, U. S. M. No. 8, Buffalo, N. Y., to U. S. M. No. 21, Stapleton, N. Y.; Bertha Dimer, U. S. M. No. 5, Chicago, Ill., to U. S. M. No. 15, Pittsburgh, Pa.; Catherine Hughes, U. S. M. No. 14, New Orleans, La., to U. S. M. No. 9, Fort Stanton, N. M.; May Kennedy, U. S. M. No. 22, Norfolk, Va., to U. S. M. No. 14, New Orleans, La.; Minerva Bailey, U. S. M. No. 15, Pittsburgh, Pa., to Beekbank, N. Y. Quarantine: Anna Fellows, U. S. M. No. 22, Norfolk, Va., to U. S. M. No. 21, Stapleton, N. Y.; Mary Clay, U. S. M. No. 22, Norfolk, Va., to U. S. M. No. 43, Ellis Island, N. Y.; Anna O'Rourke, U. S. M.

No. 82, Norfolk, Va., to U. S. M. No. 43, Ellis Island, N. Y.; Nell Ross, U. S. M. No. 82, Norfolk, Va., to U. S. M. No. 43, Ellis Island, N. Y.; Susan Campbell, U. S. M. No. 82, Norfolk, Va., to U. S. M. No. 70, New York City; Margaret Connolly, U. S. M. No. 70, New York City, to Rosebank, N. Y. Quarantine, Assigned: Annie McNulty, U. S. M. No. 7, Detroit, Mich.; Winifred Warren, U. S. M. No. 7, Detroit, Mich.; Lucy Shackelford, U. S. M. No. 13, Mobile, Ala.; Edna Bachelder, U. S. M. No. 14, New Orleans, La.; Pearl Morton, U. S. M. No. 18, St. Louis, Mo.

LUCY MINNIGBOER,

*Superintendent of Nurses, U. S. P. H. S.*

#### NURSING ACTIVITIES IN THE U. S. VETERANS' BUREAU

With the executive order of April 29, 1922, transferring to the Director, U. S. Veterans' Bureau, all hospitals formerly operated by the U. S. Public Health Service for the care and treatment of beneficiaries of the U. S. Veterans' Bureau, came the necessity for the establishment of the U. S. Veterans' Bureau Nursing Service. One thousand four hundred and forty-two nurses were transferred in accordance with this order. Mrs. Mary A. Hickey, formerly an assistant superintendent of nurses in the U. S. Public Health Service, was appointed Superintendent of Nurses to be responsible for the supervision of all nursing activities. Pauline McVey, formerly chief nurse in District No. 4, was appointed superintendent of nurses in the hospital section and Mrs. Daisy B. King assistant superintendent of nurses in the District Medical Service Section.

The Veterans' Bureau nursing service, in addition to the fourteen hundred and forty-two nurses transferred in accordance with the executive order of April 29, 1922, embraces four hundred graduate nurses doing follow-up work in the offices of the District and Sub-District Managers in the fourteen regional districts of the U. S. Veterans' Bureau.

The same standard required by the U. S. Public Health Service for appointment has been adopted by the Bureau, that is, nurses selected for this service must be citizens of the United States, graduates of recognized training schools for nurses, registered, and able to qualify under the regulations of the Civil Service Commission. Nurses making application for follow-up work in the U. S. Veterans' Bureau must have had at least four months' experience in public health nursing. Service in the U. S. Army or U. S. Navy Nursing Corps entitles the applicant to preference in matters of appointment as a nurse of the U. S. Veterans' Bureau.

Beginning June 1, 1922, an intensive course of training in tuberculosis nursing was conducted at U. S. Veterans' Hospital No. 60, Oteen, North Carolina, with an attendance of 32 nurses—fifteen of these being nurses on hospital duty, fifteen from the group doing follow-up work, and two nurses from U. S. Navy Nurse Corps. The course comprises instruction in the fundamental and supplemental factors in the treatment of tuberculosis, the prevention of tuberculosis from a standpoint of public health and personal hygiene, hazard of occupation, nurses' relation to the responsibility in prevention of tuberculosis, emphasis being placed on the dignity and importance of the nurses' work in caring for tuberculous patients, procedure governing nursing in dispensaries and clinics and visiting nurses doing follow-up work.

MARY A. HICKEY,

*Superintendent of Nurses, U. S. Veterans' Bureau.*

**DEPARTMENT OF NURSING AND HEALTH, TEACHERS COLLEGE,  
NEW YORK**

Two hundred and twenty-four students are enrolled in this Department for the Summer session. They are distributed as follows: Administration in Nursing Schools, 29; Teaching and Supervision in Nursing Schools, 83; Public Health Nursing and Health Teaching—Graduates 90, Undergraduates 19; Pre-Nursing (affiliated with Presbyterian Hospital), 3. These students come from 36 States and from the Philippines, Cuba, Denmark, Switzerland, and France. One hundred and forty-four Training Schools are represented.

**EASTERN COUNCIL FOR NURSING EDUCATION**

At the first annual meeting in April it was reported that the Council had increased its membership from six to eleven hospitals. It is significant that one of these—the City Hospital on Welfare Island—came in through the active interest of its Alumnae. The Council claims no credit for any particular increase in the enrollment of students in the schools of these hospitals, notwithstanding the fact that the increase has been very marked, especially that of Bellevue, which is about 300 per cent greater than last year. Much interest has been aroused among principals of high schools, women's clubs, granges, and various other groups throughout our territory.

The Council has distributed during the year, 4000 bulletins with inserts, 5000 curiosity rousing folders have been prepared, 600 posters (Complete Your Education), 3000 "Opportunities in the Field of Nursing," 1000 "Challenges," 300 copies of "Nursing as a Vocation," 50 copies of "Untilled Fields of Public Health" and 1000 post card reproductions of the national poster.

**THE NATIONAL CATHOLIC HOSPITAL ASSOCIATION**

The Association held its seventh annual convention in Washington, D. C., June 20-23. The meeting was well attended. Rev. Charles B. Moulinier and Rev. B. F. McGrath, both of Marquette University, were re-elected President and Secretary, respectively. The association is in such a flourishing condition that it was found necessary to enlarge the personnel of the executive office. Demonstrations and clinics were held at Providence Hospital; in addition to discussions of the problems common to all hospitals there were addresses on "Hospitals as a Missionary Agency."

**AMERICAN HOSPITAL ASSOCIATION**

The annual meeting will open on September 24. The regular meeting will close Thursday night, the remainder of the week being devoted to a series of inspections and demonstrations at New York and Philadelphia hotels. The meeting is to be held on the Million Dollar Pier, Atlantic City, which lends itself admirably to all the purposes of the convention, including the very extensive exposition.

Arizona: THE STATE BOARD OF NURSE EXAMINERS held its seventh meeting June 24, in the office of the Secretary at the State Capitol, and was for the purpose of finishing the year's work and passing on all remaining applications for State registration under the waiver which expired June 9. The Board this year has registered 340 nurses in this State, and has recommended three schools of nursing to be added to the list of Accredited Schools, namely: St. Joseph's Hospital School of Nursing, Phoenix; Arizona Deaconess School of Nursing, Phoenix; St. Mary's Hospital School of Nursing, Tucson. A discussion was held between

the Principals of the above schools and the Examining Board which resulted in the determination to alter the curriculum recently adopted, to be used in a 28 months course instead of the three years formerly required. This course while granting the diploma at the end of 28 months, recommends postgraduate work in special lines which will be given at each school. It was decided, before taking any definite action as to reciprocity, to await the decision rendered at the convention in Seattle, and to carry out the requirements prescribed there in October, when the next meeting of this Board will be held. Edith P. Snowden, President of the above Board, who was appointed to fill out the term of Bertha C. Rowe, (resigned) and whose term expired June 14, was reappointed by Governor Campbell for a term of five years. Gertrude F. Russell, Secretary-Treasurer of this Board, was appointed on July 1st as Health Survey Nurse for the State Board of Health. The next meeting of the State Board of Nurse Examiners will be held for the examination of applicants for registration at about the same time in the Fall as the State Association Convention. The exact date has not yet been determined.

**California:** THE CALIFORNIA STATE NURSES' ASSOCIATION, STATE LEAGUE OF NURSING EDUCATION, and STATE ORGANIZATION FOR PUBLIC HEALTH NURSING held a joint convention in San Jose, June 19-22. An interesting feature of the convention was the reading of reports from the nineteen districts of the State Association by the presidents of each District, giving an account of the year's work, membership and activities. On the programme were papers entitled: The Private Duty Nurse, Florence Flegal, R.N., San Luis Obispo Co., and Mrs. Herman Grau, R.N., Sacramento Co.; Psychology of Teaching, Dr. George Freeland, State Teachers College, San Jose; Centralization of Instructions, Mrs. Ruby I. Wark, R.N., Los Angeles; Sterilization, Dr. J. R. Haynes; Board of Directors' Duty to the State Organization of Public Health Nursing Service, Mrs. W. P. Lyon, San Mateo; Centralization of Relief, Dr. J. Pease, San Jose; and The Personality of the Nurse, Dr. Noel Porter, San Jose. The Constitution and By-laws of the State Association were revised and the following officers elected for the ensuing year: President, Mrs. Ella B. Conzelmann, R.N., Stockton; Secretary, Mrs. J. H. Taylor, R.N., Galt. The officers elected for the State League of Nursing Education are: President, Lina L. Davis, R.N., Pasadena; Secretary, Lavina R. Graham, R.N., Los Angeles. The officers elected for the State Organization for Public Health Nursing are: President, Mrs. Ellenor Hazen, R.N., Los Angeles; Secretary, Ethel Fisher, R.N., Pasadena. Santa Barbara was duly selected for the meeting place of the 1923 Convention and the nursing organizations of California are assured of delightful settings for the twentieth annual convention.

**Colorado: Denver.**—MERCY HOSPITAL held its commencement exercises for a class of sixteen nurses, in the Mercy Hospital Chapel, on May 24. Rt. Rev. J. Henry Tihen, D.D., Bishop of Denver, gave an address and presented the diplomas. A musical programme followed the chapel exercises in the assembly hall of the Nurses' Home, where Cuthbert Powell, M.D., addressed the graduates. The graduates of 1922 were guests of the 1923 class at an enjoyable motor party and beefsteak fry on Mount Lookout, June 5.

**Florida: Lakeland.**—DISTRICT No. 4 held its regular monthly meeting at the home of Miss Hanna, with thirty members and several visitors present. This, the first of a series of meetings to be held quarterly in adjoining towns, is an effort to arouse greater interest in our work. The interest shown by the mem-

bers and friends has encouraged us and we expect still more interest shown in the meeting to be held with Clearwater nurses in August. There were six hospital superintendents, representing the different hospitals in the district, with us. Lillian Hollehan, president of the State Association, also was with us and helped with some timely suggestions. A committee was appointed by the president to take charge of plans for a public entertainment to raise funds for the Nurses' Relief Fund. This branch of the organization is a very important one, but up to the present time Florida has not been to the front with her contributions. After the regular business meeting a pleasant and profitable round table discussion was held on the problems which confront a hospital superintendent. After delightful refreshments served by Miss Hanna and Miss Conoley, we were entertained by Miss Steitz, who gave a laughable parody on "A Visit of Cheer to a Friend in a Hospital."

Georgia: Atlanta.—THE WENLEY MEMORIAL HOSPITAL ALUMNAE ASSOCIATION's annual meeting was held at the hospital May 25, with a large attendance. The annual meeting is always a home-coming; many of the nurses who are no longer in the active nursing field, make an effort to attend this meeting. Report of the committee on an Endowment Fund showed that more than \$1,000 had been collected for endowing a room for sick nurses in the new Wenley Memorial Hospital, which will open this Fall. The Alumnae bids farewell to the old school, in a way, as next year it will meet in the new hospital which will be a part of the Emory University. Much credit is due Miss Dozier, superintendent, for the high standard of the school. A rising vote of thanks was given Miss Dozier and the retiring officers who had so willingly and ably served the Association. Officers elected: President, Ella Margaret Brown; Secretary, Elmina Austin; Treasurer, Winifred Ashe; Directors, Beattie Lee Harris, Mrs. J. A. McAllister, Mrs. Thompson. An "Every Graduate" campaign was started and an effort will be made to get in touch with every graduate from this school, which dates back to 1905. The graduating class of 1922 were present and were accepted as new members. A reading by Ruby Falls, "Watching Yourself Go By," was most excellent. Answers to questionnaires which were given to each member, asking why, when and where they went in training, brought forth much merriment and surprise. After the programme the Alumnae enjoyed a dinner at the hospital.

Illinois: Chicago.—DISTRICT No. 1.—The fourteen-page report of the District for May contains much interesting information of the district and of the alumnae associations composing it. The regular meeting was held June 13, at Recital Hall; the graduates of 1922 were the guests. Rev. S. Yeoman Williams delivered an address on "Creative Living." THE VISITING NURSE ASSOCIATION made 23,165 visits to 6,552 patients in May, 1,320 more than were made in May, 1921. The number of pneumonia and influenza patients show a decided increase from April. The Visiting Nurse Association may at last get tax free alcohol. Mrs. Cudahy visited the Internal Revenue Office with Miss Fox when she was last in Washington, and together they succeeded in putting machinery in motion which will enable organizations throughout the country to secure a special formula. This new ruling makes for a very great saving of money, and added comfort to V. N. A. patients. We may never under any circumstances sell one drop of this new solution. Elizabeth Block, Assistant Supervisor, God's Hill, acting as color bearer for the Jane A. Delano Post of the American Legion, No. 185, headed that delegation, which included V. N. A.'s, in the Memorial Day parade. Mabel Binner, formerly Rush Supervisor, who has been studying at Teachers

College, has been awarded the first McCormick Scholarship and Mary A. Chaney, Assistant Supervisor at 47th Street, has been awarded the second. Mrs. LaMalle, for ten years a member of our staff, has recently been made superintendent of the Nursing Service of the Metropolitan Life Insurance Company. We congratulate Mrs. LaMalle and the M. L. I. Four of the Visiting Nurses' Association nurses at Dearborn Sub-Station volunteered for floor duty in Providence Hospital on the night of June 4, so that all of the student nurses might attend the graduating exercises of the Training School. THE NORWEGIAN AMERICAN TRAINING SCHOOL ALUMNAE, assisted by the pupil nurses, gave a play, "Spinsterhood Follies," May 10 and 13, for the benefit of the nursery, which proved a great success. THE LAKESIDE HOSPITAL ALUMNAE ASSOCIATION gave a luncheon at Field's Tea Room in honor of the graduating class of 1922. Fifty nurses were present. THE LAKESIDE HOSPITAL TRAINING SCHOOL FOR NURSES held its graduating exercises on the evening of June 2, at the Free Mason's Hall. Addresses were made by Rev. Wm. Chalmers Covert and Dr. A. R. Johnstone. A reception and dance followed the exercises. Freeport.—THE FREEPORT ASSOCIATION OF GRADUATE NURSES not only believe in the maxim "In Union Is Strength," not only try to live up to the object of the Association which is "To promote mutual understanding of subjects pertaining to the nursing profession," and "To promote the advancement of the educational standard of nursing," but also try to promote the recruiting for nurses. PUBLIC HEALTH WEEK in Illinois, May 13 to 20, the Public Health Committee placed posters in twenty-five stores, also were present at a five-reel public health play at Lena, Ill., which was put on by the superintendent of the high and public school. The nurses distributed the "Challenge" to the young women and high school girls. Letters were sent to the Freeport High School senior class graduates, reminding them that the nursing profession is the oldest and most noble calling, that each year its standards are becoming higher and more dignified, the work has broadened into many fields, and the excellent records of nurses form a fitting eulogy to that finest of pioneers, Florence Nightingale, whose anniversary was May 12.

Indiana: Indianapolis.—THE INDIANAPOLIS CITY HOSPITAL ALUMNAE held its annual picnic in Garfield Park; Florence J. Martin was a guest. The following nurses have been appointed as Public Health nurses in Indiana: Mary Scantling, Columbia City; Emma Bunge, Newport; Jessie Vanderplaat, Tipton; Muriel Hunt, Elwood. A full-time Health Unit is being organized in Fulton County, financed by the Rockefeller Foundation, State Board of Health, town of Rochester and the County of Fulton. Fannie Thomas, Red Cross Public Health nurse, will be taken into the Unit to carry on the nursing service. Public Health programmes were carried out in Districts Nos. 3 and 4. Public Health nurses of various counties had interesting talks on their activities. June 14, members of the Berry-Copeland Post of the American Legion, and the Women's Overseas League held a "get acquainted" picnic in one of the parks. THE ALUMNAE ASSOCIATION OF THE ROBERT W. LONG HOSPITAL has published the first highly creditable number of the *Indiana University Nurses' Bulletin*. Richmond.—Virginia Jones, who has been doing Public Health nursing in Richmond for two years, has been granted a leave of absence in order that she may take a course in Public Health at Teachers College.

Iowa: Council Bluffs.—THE IOWA STATE NURSES' ASSOCIATION No. 9 held its mid-year meeting at Creston, June 10. They had a very good attendance and a good time. Greater Community Hospital Alumnae is an ideal hostess. Des

Moines.—Iva Turnbull has resigned her position as Superintendent of Nurses at the Congregational Hospital and will return to her home in California. Des Moines was ably represented at the National Public Health Nurses' Convention by eight nurses. Anna Drake, director of the public health nurses in Iowa, was honored at the Convention in Seattle, by being elected Chairman of the Tuberculosis Section. Centerville.—DISTRICT No. 2 held its regular meeting June 10. The nurses entertained at luncheon at St. Joseph's Hospital. Dr. C. S. James addressed the nurses and reviewed the remarkable development of opportunities in the profession. Miss Pattes read a paper on School Nursing, written by Miss Sharp of Keokuk. Plans for legislation, Nurses' Relief Fund, care of Tuberculous Nurses, and The Journal Subscriptions were discussed. Ottumwa.—Elizabeth Collins, of Newark, N. J., has assumed her duties as Superintendent of the Ottumwa Hospital.

Kentucky: Lexington.—A meeting of the STATE ASSOCIATION OF REGISTERED NURSES was held June 1 to 3, in Lafayette Hotel. The address of welcome was given by the Mayor of Lexington and very interesting talks and papers were given by Prof. J. B. Miner and Miss Edna Proctor. An automobile ride was given by the Board of Commerce. June 2, a joint meeting of the Executive Board and State Board of Nurse Examiners was held. Very interesting papers were given on Mental Hygiene by Dr. Frank J. O'Brien, and Our Care of the Disabled Veterans, by Lucy Minnegerode, Superintendent of Nurses, U. S. Health Service, Washington, D. C. A most interesting paper on Applied Psychology in Nursing was read by Dr. J. A. Stucky. The day ended with dinner at the Lafayette Hotel and talks by Dr. Stucky and Malinde Havey. June 3, an Executive Committee meeting was held, followed by reports of the Eastern and Western Districts. At the meeting of the STATE LEAGUE OF NURSING EDUCATION Laura Logan, of Cincinnati, gave a most interesting talk on the Value of the Nursing League. After the roll call the following officers were elected: President, Josephine Meyers, Newport, Ky.; First Vice-President, Quintilla Kenney, Lexington; Corresponding Secretary, Gertrude Bethel, Louisville. The resolutions included one of commendation to the Faculty of the State University for its determined effort to uphold standards and to build up the University in the face of tremendous odds. Louisville.—THE JOHN N. NORTON MEMORIAL INFIRMARY ALUMNAE ASSOCIATION held its seventh annual meeting at the Nurses' Home on June 20. The retiring president, Miss Flynn, has done much to make the meetings of the year interesting and to help in establishing an endowment fund. A cake sale was held June 10, with very satisfactory financial results. Officers elected: President, Jane A. Humbleton; Vice-President, Edna Reinstedler; Secretary, Emma Isaacs; Treasurer, Lucile T. Sprake; Auditor, Marthe J. Beers. Jane Teare Dahlman is now Educational Director of the National Health Exposition Association, with headquarters at 532 West Main Street. The function of the organization is Public Health Education by means of visualization through exhibits and demonstrations, motion pictures, pageants, plays, etc., produced under the auspices and direct supervision of State and City Boards of Health.

Missouri: St. Louis.—Sister Mary Lawrence has been transferred from Mullanphy Hospital to St. Margaret's Hospital, Montgomery, Ala.

Montana: Great Falls.—THE MONTANA STATE ASSOCIATION OF GRADUATE NURSES' tenth annual meeting was held July 12 and 13, Mrs. Emily C. Heaton presiding at the morning session. After registration, prayer was offered by Rev. A. G. Bennett, of the First Methodist Church. Address of Welcome by R. A.

Armour, Mayor of Great Falls, to which Mary M. Muckley, R.N., Helena, responded. The President's address was given by Emily C. Heaton, R.N., Hardin, and other addresses by Ann Doyle, R.N., Supervising Nurse, Venereal Disease Division, U. S. Public Health Service, Washington, D. C., and Gladys Branegan, State College, Bozeman. Luncheon was arranged by the nurses of District Six. At the afternoon session Margaret Murphy, R.N., School Nurse, Butte, presided. Addresses: Dr. Anna E. Rude, U. S. Children's Bureau; Frances Sullivan, Laurel, The Social Side of Public Health Nursing; Emeline Goney, R.N., School Nurse, Great Falls, and Isabel Braden, R.N., Plentywood, gave interesting papers which were followed by round table discussions. The Association was entertained in the evening by nurses of District Six. Mary Keating, R.N., Superintendent of Nurses, St. John's Hospital, Helena, presided at the morning session July 13. The opening prayer was offered by Rev. M. T. O'Brien, St. Ann's Cathedral. Address, Ann Doyle, Washington, D. C.; paper by Ida Palmer, R.N., Kalispell.

**New Hampshire: Dover.**—THE GRADUATE NURSES' ASSOCIATION held its annual meeting on June 14 at the Gladys Rollins Memorial Home for Nurses of the Wentworth Hospital Training School. The Home is most perfectly appointed and up-to-date in every particular. Erected at a cost of more than \$80,000, it is a model nurses' home for a small hospital. Fred Quimby gave a most interesting address on Citizenship, explaining the machinery of government. A pleasing feature of the meeting was the presence of delegates from several alumnae associations. The Graduate Nurses' Association is affiliated with the New Hampshire Federation of Women's Clubs; delegates sent to its meetings bring back new thoughts and inspirations. Officers elected: President, Anna C. Lockerby; secretary, Mrs. Florence M. Knowles, Portsmouth Hospital, Portsmouth. Miss Anna Lockerby, for nearly ten years superintendent of the Laconia Hospital, has resigned and is enjoying a much needed rest at the seashore. During the World War she twice responded to the call for nurses. The vacancy is temporarily filled by Julia B. Spinney, a graduate of the General Hospital, Lawrence, Mass.

**New York:** THE NEW YORK STATE LEAGUE OF NURSING EDUCATION voted at the Utica meeting last fall to hold institutes during the year in different sections of the state. The first institute was held at Albany, June 5-10, under the auspices of the Hudson Valley League of Nursing Education. Eighty-six nurses registered for the institute and the interest manifested far exceeded all expectations. Dr. Robert T. Hill of the State Educational Department spoke for an hour each day for four days on Principles of Teaching. Dr. Hill was most interesting, very practical and gave all who had the privilege of hearing him many splendid points on teaching. Talks were given by Elisabeth Burgess, Chairman Education Committee, New York State League of Nursing Education, on Organization of Schools of Nursing. Harriet Gillett, President of the Hudson Valley League of Nursing Education, talked on The Teaching of Practical Nursing. Permelia M. Doty, State Inspector of Nurse Training Schools, gave a very instructive talk on formation of classes, class schedules and records. Martha St. John Eakins, also an Inspector of Training Schools, spoke on Teaching Pupils How to Study. Eliza Reid of the Genesee Valley League of Nursing Education and teacher of Sciences in the three largest hospitals of Rochester, spoke on The Teaching of the Sciences, and taught a class at the Albany City Hospital in Anatomy and Physiology. Both were exceedingly interesting and Miss Reid proved her ability as a teacher. Alice Gilman, principal of the School of Nursing at the Samaritan

Hospital, Troy, gave an interesting talk on standardization of equipment and procedures, illustrated by a trip through the hospital. Ruth Smith, instructor at the Samaritan Hospital, Troy, taught a class in practical nursing. Mary Tuttle, Social Director of the Russell Sage College for Women at Albany, talked most interestingly on the Supervision of Home Life and Social Activities of the College. Stella Hawkins, instructor at the Ellis Hospital, Schenectady, taught a class in Solutions. Following this class refreshments were served on the lawn of the Nurses' Home by members of the Training School Board. A delightful reception was held at the Homeopathic Hospital Nurses' Home at Albany, where all had the opportunity of meeting in a social way. The programme was concluded by a very instructive talk by Miss Ray of the State Library on Need and Use of Reference Libraries. As there was so much interest shown and inspiration gained by the institute, it is hoped that every section will plan for one in the future. Great credit should be given the members of the programme committee for the success of the institute. New York.—MARY H. FARRELL of Scranton, Pa., has resigned from U. S. Public Health Hospital to accept a position as Inspector in the Department of Public Welfare. Brooklyn.—JEWETT TRAINING SCHOOL ALUMNAE ASSOCIATION OF THE BUSHWICK HOSPITAL held its regular monthly meeting on June 12. There was a large attendance. Clifton Springs.—THE CLIFTON SPRINGS SANITARIUM TRAINING SCHOOL graduated nine nurses on June 8. Dr. Wylie of the Central Presbyterian Church, New York, gave the address and after the exercises a reception was given by the Board of Trustees. Other receptions, teas and dinners were given in honor of the class, and on June 8 the annual alumnae banquet was held, at which time the class was formally welcomed into the Alumnae Association. Georgiana Ament, graduate of the Women's College Hospital of Toronto, has resigned her position as Night Supervisor at the Sanitarium, to enter missionary work in India. Saranac Lake.—THE SARANAC LAKE GRADUATE NURSES' ASSOCIATION, District No. 8, held its regular monthly meeting July 11, in the Public Library, with eleven members present. After the business meeting, Dr. John Hays gave a very interesting talk on "Artificial Pneumothorax," its history, technique of administration, dangers and benefits derived from its use; illustrating his talk with some excellent X-ray pictures.

New Jersey: Elizabeth.—THE ELIZABETH GENERAL HOSPITAL AND DISPENSARY has regretfully accepted the resignation of its Superintendent, Eugenia D. Ayres, R.N., to take effect upon appointment of her successor. Miss Ayers has filled this position most capably for nearly ten years, during which time she has solved the many problems of the hospital growing out of the World War and the post-war period. Her long and uninterrupted service has shown Miss Ayres the need of a rest and for some time she has desired to be relieved of her duties, in order to enjoy a well-earned holiday. During Miss Ayers administration the work of the institution has greatly increased, and a new and larger hospital is needed. This is now in the course of construction, \$800,000 having been secured for the purpose. An addition to the Nurses' Home and a new power plant have also been provided. Hackensack.—THE HACKENSACK HOSPITAL TRAINING SCHOOL FOR NURSES held graduating exercises for a class of four, May 19, in Oritani Hall. The Florence Nightingale Pledge was administered by Rev. C. R. Kuebler and pins and diplomas were presented by Mr. F. Washburn, president of the Board of Governors. Dancing followed the exercises.

North Carolina: Raleigh.—THE RALEIGH GRADUATE NURSES gave a delightful dance on the evening of May 25, at the Women's Club, in honor of the nurses

writing the State Board Examination. About three hundred persons attended. The club room was beautifully decorated and a musical entertainment was enjoyed. Refreshments were served.

**North Dakota:**—THE NORTH DAKOTA pin for registered nurses may be secured by sending \$3 to Josephine Stennes, Good Samaritan Hospital, Rugby. Nurses desiring to enroll in the Red Cross Nursing Service will receive application blank by writing any of the following officers: State chairman, Josephine Stennes, Good Samaritan Hospital, Rugby; Chairman of Bismarck Local Committee, Ida Swanson, Bismarck Hospital; Chairman Grand Local Committee, Irene C. Walsh, Deaconess Hospital, Grand Forks; Chairman Fargo Local Committee, Mrs. A. C. Shervey, 815 5th Avenue South, Fargo.

**Ohio: Toledo.**—THE TOLEDO HOSPITAL commencement exercises were held for a class of three, in the Women's Building on May 17. On May 24 a dinner was given to the class by the Alumnae; this was followed by a dance, the proceeds of which were added to the endowed bed fund, which at present amounts to \$2,300. The Alumnae magazine, *The Hypo*, which is published four times a year, is very successful. **Youngstown.**—THE YOUNGSTOWN HOSPITAL ALUMNAE ASSOCIATION has established an endowed bed in the hospital for the benefit of its members. This has been accomplished entirely by the efforts of the nurses. The hospital offers two scholarships yearly to its graduates; one at Columbia University and one at the Western Reserve University. The Columbia scholarship was awarded to Elerta Geist and the one at Western Reserve University to Lillian Noble. **Salem.**—DISTRICT No. 3 met June 21, at Salem City Hospital, the programme consisting of music and discussions of nursing literature. **Mansfield.**—THE GRADUATE NURSES' ASSOCIATION gave a home talent entertainment at the Mansfield Opera House, June 26. Proceeds were donated to the Florence Nightingale Fund. Attorney Robert Hutchinson explained briefly the purpose of this fund, after which a varied programme was enjoyed by a large audience. We owe the success of our entertainment to the public and the coöperation of those who so willingly donated their talent.

**Oklahoma: Ardmore.**—THE ARDMORE SCHOOL OF NURSING (Hardy Sanitarium) has just published the initial number of *The White Cap*, a very attractive twenty-four page quarterly. Its most unique feature is an illustrated description of the hospital ambulance plane.

**Oregon: Portland.**—DISTRICT No. 1 sent three delegates to the National Convention at Seattle. DISTRICT No. 2 sent a like number, and two hundred and twenty-five nurses throughout the state attended. A reception was given by the nurses of the State Association at the Ex-Service Men's Club, on July 2, at 8 p. m., to all visiting nurses coming this way after the Convention. Over three hundred attended.

**Pennsylvania: Philadelphia.**—THE HAHNEMANN HOSPITAL NURSES' ALUMNAE ASSOCIATION meeting was held June 6. Piano and violin selections were given by senior nurses of the training school. The Association is working to establish a scholarship fund in memory of the nurses who served in the World War; this to be for graduates who wish to take a course in Public Health, Institutional or Administrative work. This course to be one year at a recognized school or college. The committee in charge, Esther Entolsen, chairman, are working to raise the necessary funds. The reception, dinner and dance given to the graduating class at the Plastic Club were attended by over a hundred members of the Alumnae. The decorations were of blue and yellow, the Hahnemann colors,

and many beautiful flowers. Two new members were added. **WEST PHILADELPHIA HOSPITAL FOR WOMEN** held its graduating exercises in West Hope Presbyterian Church, June 1. Four nurses received diplomas. Dr. Bronson, pastor of the church and Mrs. John E. Stevenson, president of the Hospital, presided. Mrs. Burney, president of the Philomusium Club of Philadelphia, gave an address. Dr. Peck, founder of the hospital and very dear to all who know her, gave her usual good advice and talk to the class. Dr. Mary Lewis, Medical Director, told of the good work done by the class, and Mrs. Stevenson presented the diplomas and hospital pins. A hearty welcome was given the class by Miss I. M. Hagey, on behalf of the Alumnae. Class day exercises followed the benediction, also a reception at the Nurses' Home. The May meeting of the **NURSES' ALUMNAE OF THE SAMARITAN HOSPITAL** was interesting and enthusiastic; one new member was added. Good progress is being made by the Carnival Committee. As a result of the several drives which have been made in various sections of the city, and money received to date, over \$55,000 have been raised. A large electric sign has been placed on the lawn and for every \$5,000 raised a red bulb is placed in the sign. All nurses were urged to redouble their efforts during the June Carnival. Alumnae members have been active and have pledged their support to their Alma Mater. **THE ALUMNAE ASSOCIATION** held its closing meeting on June 20, in the Nurses' Home, which was tastefully decorated and the graduating class were guests of the evening. Edna Rockafellow, A.N.C., and Mrs. Mary Rehfuess were the non-resident members present. Jean McGee, vice-president, presided. Two new members were elected. Greetings were read from seven non-resident members. The chairman of the Auxiliary Committee reported the receipts from the dance given at Bellevue amounted to \$3200. Mrs. Charles Finley, a graduate of the school, donated a new brass bed with back rest attachment to Room A. A feature of the closing meeting was the bringing of donations from the members for the Hospital Carnival. These were so numerous that the room looked much like a bazaar. A farewell reception will be given Miss Wallace, Acting Directress. **NEW CASTLE.—THE ALUMNAE ASSOCIATION OF THE CHERANGO VALLEY HOSPITAL** held its annual meeting at the hospital, July 11. There was a large attendance. After the election of officers, Lida MacKinney, Superintendent of the hospital, served refreshments, which were much appreciated.

**Texas: Fort Worth.—THE TEXAS GRADUATE NURSES' ASSOCIATION** held its annual meeting on June 19 to 21, at the Texas Hotel. The 20th was given to the work and topics of interest to the Public Health Nurses. Several helpful and interesting papers were read and discussed. One of the pleasing features of the day was a luncheon, at which each nurse told her name, where she trained and why she was a public health nurse. At the close of the meeting a State Organization for Public Health Nurses was formed. Officers chosen were: President, Jane Duffy, Director of Public Health Nursing, University of Texas; vice-president, Elizabeth Morgan, State Supervisor of Public Health Nurses; secretary and treasurer, Louise Dietrich.

**South Carolina: Charleston.—THE SOUTH CAROLINA GRADUATE NURSES' ASSOCIATION, DISTRICT No. 1,** held a pageant and musical for the benefit of the Central Registry for Graduate Nurses and the Dental Clinic of Roper Hospital. The theme was the progress made in nursing, which was presented by a series of pantomimic pictures, selections explanatory of the different scenes being read by Francis S. Rodgers, Jr. Music was furnished by the Aeolian Mandolin Club and vocal solos by Ida Weiters and Frank K. Myers. The first picture repre-

sented the time from the dawn of creation to the beginning of the Christian era. The next was a pageant which brought the story of nursing to the year 1882. Characters were represented in the years—A. D. 60, 300, 370, 380, 700, 1050, 1599, 1690 and 1822, and the Dark Ages from 1675 to the middle of the 19th century. A scene was given showing Florence Nightingale administering to patients in a hospital ward, followed by one with the nurses of several training schools gathered on the stage with Florence Nightingale standing above them in the background, and holding a light aloft. Selections were read relative to Linda Richards, the first graduate nurse in this country, and of the great work done by Jane A. Delano. A picture represented her in the center of a group of Red Cross Nurses. The last scenes portrayed the progress which has been made at the Roper Hospital, St. Francis Xavier Infirmary, Baker Sanatorium, Mercy Maternity and the Public Health Unit.

**Wisconsin: Milwaukee.**—Mary Hanley, a graduate of Milwaukee County Hospital, has been appointed field nurse for the Commission for the Care of the Blind, under the State Board of Control. She will make her headquarters in Milwaukee. **Marshfield.**—St. JOSEPH'S HOSPITAL held its annual alumnae meeting on June 3. The following officers were re-elected: President, Mary A. Wenner; secretary and treasurer, Helen Martini. After the meeting a luncheon was served by the dietitian. The new members were entertained at a banquet, June 2, by the Alumnae, at Guild Hall. Commencement exercises were held on June 2, at the Adler Theater, at 8 p. m. Seventeen lay nurses and one sister received diplomas. The stage was beautifully decorated with ferns and flowers. The programme was beautiful and impressive. The address was given by C. B. Edwards; diplomas were presented by Dr. H. H. Milbee and prizes and scholarships were awarded by Dr. V. A. Mason. The Marshville Clinic donated \$250 in gold to be awarded as follows: \$50 to the senior nurse having the highest standing in theoretical and practical, also department in three years; \$25 to the senior nurse having the highest in theoretical; \$35 to the senior nurse having the highest standing in practical; \$25 to the intermediate highest in theoretical; \$25 to the intermediate highest in practical; \$25 to the junior having the highest in theoretical; \$25 to the junior having the highest in practical. Those who merited the awards for specially good work were: First prize, Sister M. Lioba; second, Sister M. Lioba; third, Priscilla Alden; fourth, Catherine Kroma; fifth, Mabel Brown; sixth, Lillian Leicht; seventh, Lillian Leicht. Twenty-five dollars was also given to the nurses as a fund to use for entertaining the incoming nurses next fall, and \$25 was donated to the graduating class to help defray expenses of the commencement exercises. The Sisters of St. Joseph's Hospital entertained the doctors and the graduates of 1921 and 1922 at a banquet held in the class room of the hospital, June 6.

#### BIRTHS

(To be acceptable for publication, Birth and Marriage notices must be dated and must be sent within four months of their occurrence. Death notices of any date, or without date, are given space. All proper names should be written plainly or printed.—Editor.)

To Mrs. J. W. Golding (Beatrice Athin, class of 1912, Painesville Hospital, Painesville, O.), May 27, a son, Joseph William, Jr.

To Mrs. Walter E. Stevens (Bertha Mae Bear, class of 1918, Lutheran Hospital, St. Louis), a daughter, Louise Elizabeth, June 4.

To Mrs. Gerald Bishop (Laura H. Blossom, class of 1913, Good Samaritan Hospital, Portland, Ore.), May 28, a son.

To Mrs. Josef Maurer (Anna Braun), May 8, a son, Josef H., Jr.

To Mrs. F. E. Turgeson (Gertrude Brutton, class of 1914, Cook County Hospital, Chicago), a son, June 12.

To Mrs. N. Johnson (Eva Clark, class of 1915, Wesley Memorial Hospital, Chicago), in May, a son.

To Mrs. Baker (Marion Cremie, class of 1914, Presbyterian Hospital, Chicago), in April, a daughter.

To Mrs. Ellis Weld (Emily Celeste Granger, Clifton Springs Training School), a son, Robert Granger, June 1.

To Mrs. Hoyt Cox (Ruth Griffin, class of 1915, Wesley Memorial Hospital, Chicago), in May, a son.

To Mrs. Shulte (Charlotte Hayes), a daughter, June 15.

To Mrs. Harry L. Merscher (Elsie Hoffman, class of 1912, Lankenau Hospital), a son, Harry Leonard, Jr., July 9.

To Mrs. John Sibbald (Elsie Johnston, class of 1910, Augustana Hospital, Chicago), a daughter, in April.

To Mrs. Francis Boyer (Ammie Mae Luckie, class of 1913, Wesley Memorial Hospital, Atlanta, Ga.), a daughter, May 15.

To Mrs. Robert Fleming (Anna Nelson, class of 1920, Passaic General Hospital), a daughter, Elizabeth Caroline, May 17.

To Mrs. B. Mack (Ruth Nicholson, class of 1921, Presbyterian Hospital, Chicago), in May, a daughter.

To Mrs. Henry Lannon (Frances Otis, Clifton Springs Training School), a son, Theodore Henry, May 24.

To Mrs. Seymour Clark (Olive Post, class of 1917, Methodist Episcopal Hospital, Brooklyn), June 20, a daughter, Audrey Elizabeth.

To Mrs. Charles Finley (Katharine Price, class of 1915, Samaritan Hospital, Philadelphia), a son, in May.

To Mrs. Warren Lightfoot (Mildred Sengler), June 5, a daughter, Marjorie.

To Mrs. Henry Hyman (Ethel Shaffer, class of 1919, Hahnemann Hospital, Chicago), in May, a son.

To Mrs. Fred Audrey (Matilda Stabler, class of 1918, Wesley Memorial Hospital, Atlanta, Ga.), a son, April 9.

To Mrs. Percy Phillips (Margaret Terrell, class of 1920, Methodist Episcopal Hospital, Brooklyn), June 5, a daughter.

To Mrs. Richard Williams (Bertha Topping, class of 1918, Ravenswood Hospital), a son, in April.

To Mrs. Edward Rodefeld (Beatrice Williams, class of 1917, Reid Memorial Hospital), June 30, a daughter, Joe Ellen.

To Mrs. A. J. Renwick (Virginia Wright, class of 1919, Syracuse Memorial Hospital, Syracuse, N. Y.), June 2, a son.

#### MARRIAGES

Marie Martha Altman (class of 1916, City and County Hospital, Denver, Colo.), June 23, to John R. Snow. At home, Charlotte, Mich.

Claudia Achtenhagen, June 8, to John D. Smith. At home, Tipton, Ind.

Eva Anderson (Lakeside Hospital, Chicago), in May, to John Friedman.

Marguerite Bomer, in June, to Davis Bohman. At home, Columbus, Ind.

Roberta F. Broadus (class of 1920, Norton Memorial Infirmary, Louisville, Ky.), to Louis F. Trost, June 7.

Elsie Louise Callaway (class of 1913, Lankenau Hospital, Philadelphia, Pa.), to Ralph Anthony Dungan, July 5. At home, Philadelphia, Pa.

Lilly Christoffersen (Augustana Hospital, Chicago), in April, to Knute Boregard.

Selma A. Colgan (Jennie Edmundson Memorial Hospital, Council Bluffs, Ia.), June 20, to Frank J. Paluka. At home, Council Bluffs, Ia.

Ruth Elizabeth Cook (class of 1920, Memorial Hospital, Niagara Falls, N. Y.), July 12, to Harry Logan Weir. At home, Yonkers, N. Y.

Ruth Copeland (class of 1915, Youngstown City Hospital), to McLean Snodgrass. At home, Youngstown, O.

Katherine Criesman (University of Pennsylvania), May 24, to Frank West McFarland. At home, Hollidaysburg, Pa.

Margaret Donaldson (Presbyterian Hospital, Chicago), April 21, to Luther Beach.

Jennie Rose Duncan (class of 1916, Wesley Memorial Hospital, Atlanta, Ga.), to Wallace Basemore, June 3. At home, New York City.

Grace Dunlap (Presbyterian Hospital, Chicago), May 6, to Irwin Bowling, M.D.

Ethel Fairbanks (class of 1920, Presbyterian Hospital, Chicago), April 6, to Charles A. Neubeck.

Mary Freilson (Hahnemann Hospital, Chicago), in April, to E. Schneider.

Grace Golden (class of 1918, St. Elizabeth's Hospital, Youngstown, O.), to J. S. Mariner, M.D. At home, Youngstown, O.

Anna Grootstad (class of 1920, Norwegian American Hospital, Chicago), to Elmer Paulsen, in May.

Lyda Hansman (Passavant Hospital, Chicago), in April, to Hobart Ecke.

Anne Hansen (Hahnemann Hospital, Chicago), in April, to J. C. Williamson, M.D.

Grace Harris (class of 1914, Youngstown City Hospital, Youngstown, O.), to John Washburn, M.D., June 14. At home, Youngstown, O.

Lorena S. Ingraham (class of 1916, University of Pennsylvania Hospital), to Frederick L. Nelson, M.D., June 28. At home, Ottumwa, Iowa.

Ethel Johnson (Augustana Hospital, Chicago), in April, to Irwin Weaver.

Marie E. Kelly (class of 1916, St. Joseph's Hospital, St. Paul, Minn.), May 24, to Carl F. Frellinger. At home, Portland, Ore.

Harriet King (class of 1919, Michael Reese Hospital, Chicago), to David Margolis, M.D. (Correction of notice in April Journal.)

Maude King (class of 1914, Wesley Memorial Hospital, Chicago), in May, to Dr. Broderick.

Aurora M. Labrie (class of 1921, Claremont General Hospital, Claremont, N. H.), to Alfred Sherwin, June 19. At home, Windsor, Vt.

Elizabeth Lator (class of 1921, Norton Memorial Infirmary, Louisville, Ky.), to E. R. Gernert, M.D., June 21. At home, Prospect, Ky.

Angelina J. Lockwood (class of 1916, Oswego City Hospital, Oswego, N. Y.), June 26, to George Eugene Cornish. At home, East Orange, N. J.

Bontrise Lorusso (Lenox Hill School for Nurses, New York City), April 20, to William Krause.

Myrtle McMahon (St. Bernard's Hospital, Chicago), in April, to Chester Hill.

Anna Mae (class of 1921, University of Pennsylvania Hospital), April 19, to Robert W. Lameon. At home, Boston, Mass.

Helen Elizabeth Mainwaring (class of 1919, Clifton Springs Training School), to Thomas W. Love, April 19.

Allene Mattingly (class of 1921, Sta. Mary and Elizabeth Hospital, Louisville, Ky.), June 30, to James Fanton. At home, Louisville, Ky.

Victoria Mehring (class of 1914, Toledo Hospital), to A. E. Canfield, M.D., May 10.

Sadie Lois Motzen (class of 1921, Protestant Episcopal Hospital, Philadelphia), to Hugh Kohpay, May 2.

Della Milligan (class of 1912, Michael Reese Hospital, Chicago), to Mr. Steadman. (Correction of notice in April Journal.)

Ethel Mullen (class of 1913, Good Samaritan Hospital), in June, to James Alexander. At home, Portland, Ore.

Lottie M. Mumbauer (class of 1916, University of Pennsylvania Hospital), to George B. Chapman. At home, Ottumwa, Ia.

Lillian M. Patterson (class of 1914, Montgomery Hospital, Norristown, N. J.), to Wallace T. Eakins, June 29.

Nellie Crawford Bond (class of 1919, Clifton Springs Training School), to William Campbell English, April 15.

Sarah Bond (class of 1917, Children's Homeopathic Hospital, Philadelphia, Pa.), July 1, to Manney Ferguson. At home, New York City.

Dorothy Rowe, June 14, to L. A. Cortner. At home, Tipton, Ind.

Gladys E. Ryder (Beverly Hospital, Beverly, Mass.), to William E. McDiarmid.

Estelle Sager (Englewood Hospital, Chicago), June 3, to Paul Carlson.

Karl Sanrud (class of 1918, Norwegian-American Training School, Chicago) to Eugene P. Wright.

Rae Francis Saville (class of 1919, St. Luke's Hospital, Chicago, Ill.) to Peter Oksnevad, June 12. At home, Chicago.

Anna Schmick (class of 1919, Clifton Springs Training School) to G. N. Campbell, recently.

Helen Shaul (St. Bernard's Hospital, Chicago, in April, to Dr. Mulholland.

Theresa Shied (St. Bernard's Hospital, Chicago), in April, to Leo Cilcoine.

Katherine F. Thornton (class of 1919, Protestant Episcopal Hospital, Philadelphia) to Edgar Baldwin Williams, June 1.

Adelaide Vanderhelt (class of 1916, St. Elizabeth's Hospital, Youngstown, O.) to Edward Brielling, M.D. At home, Youngstown, O.

Kathryn Amelia Vetter (State Hospital, Scranton, Pa.) to William C. Tharp, June 12. At home, Columbus, O.

Helen Voerman (class of 1918, Passaic General Hospital, Passaic, N. J.) to Jacob Fitting, May 6. At home, Nutley, N. J.

Wilda Wagner (class of 1920, Youngstown City Hospital, Youngstown, O.) to Gershom Anderson, June 7. At home, Youngstown, O.

Louise Weaver (Methodist Episcopal Hospital, Indianapolis) to William F. Clevenger, M.D. At home, Indianapolis, Ind.

Gene Welford, July 6, to L. L. Eklund, Des Moines, Ia.

Helen Weolever (class of 1915, Arnot Ogden Memorial Hospital, Elmira, N. Y.), July 5, to John Metcalf. At home, Wellington, Kans.

Ellie Wright, in May, to Curtis K. Hughes. At home, Greencastle, Ind.

Rosa Wright (class of 1909, Norton Memorial Infirmary, Louisville, Ky.) to Rev. Robert Marx, June 14. At home, Campbellsville, Ky.

## DEATHS

Florence Botsler (class of 1913, Alleghany Hospital, Cumberland, Md.), May 5, of endo-carditis. Miss Botsler was a most efficient nurse and devoted most of her time to private duty nursing. She possessed rare tact and is greatly missed by her alumnae associates. Burial was at Baltimore, Md.

Nettie Harr, at the Tubercular Hospital, Leads, Mo., April 18, a young nurse who had no near relatives. She contracted tuberculosis more than three years ago, and in her long fight was materially aided by the Nurses' Relief Fund of the American Nurses' Association. The members of the University Nurses' Alumnae of Kansas City, Mo., of which she was a member, wish to express their deep appreciation of the service of the National Relief Fund to this dear girl who has gone, all too soon, to her reward.

Mrs. Myrtle Mitchell Jones (class of 1921, Presbyterian Hospital, Chicago), March 24.

Orpha McNett, on May 9, at Warrentown, Ore., after a long illness. The Walla Walla, Washington, Graduate Nurses' Association, of which she was a member, express deep sorrow as she was a loyal and faithful nurse.

Mary Lauretta Saunders (class of 1920, Presbyterian Hospital, Chicago), April 24, in Grinnell, Ia.

Mrs. Louier (Claude Sautters, class of 1916, Mercy Hospital, Canton, O.), at the home of her sister, Mrs. W. C. Leggett, Alliance, O.

Mrs. Nicholson (Margaret Simpson, class of 1913, Methodist Episcopal Hospital, Brooklyn), June 27.

Marie St. Clair (class of 1918, Mercy Hospital Training School, Denver, Colo.), June 7, following an operation. The Mercy Hospital Alumnae Association attended the funeral in uniform. Great sorrow was expressed by her associates.

Sarah S. Summers (class of 1897, Samaritan Hospital, Philadelphia), June 30. Miss Summers was engaged in private work for many years, was very successful and much loved by all who knew her. She was a Red Cross nurse during the war and was stationed at Lakewood, N. J., Reconstruction Camp. She did hourly nursing in Atlantic City for several years, was a member of the New Jersey State Nurses' Association, District No. 6. She was ill for many months and the same patience and hopefulness which characterized her whole life was shown to the last. Her devotion to family, friends and patients cannot be excelled.

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"The great were once as you,  
They whom men magnify today  
Once groped and blundered on Life's way,  
Were fearful of themselves, and thought  
By magic was men's greatness wrought.  
They feared to try what they could do;  
Yet Fame hath crowned with her success  
The self-same gifts that you possess."

From *To a Young Man* (Edgar A. Guest)

## BOOK REVIEWS

**THE HEALTHY CHILD FROM TWO TO SEVEN.** By F. H. MacCarthy, M.D. The Macmillan Company, New York. 235 pages. Price, \$1.50.

That parents, nurses and workers for Child Welfare need a handbook to act as guide, counsellor and friend for them in their daily needs is probably acknowledged by all who belong in this group.

There is a certain danger, however, that the untrained worker in this field of endeavor may make the mistake of taking one handbook and making it her absolute guide rule, not realizing that in professional matters there is difference of opinion, and rightly so, for there is still much to be learned and much to be proven in this all important study of the well being of the child.

Children vary, conditions vary, physicians vary in their opinions, and no general outline of the care and feeding of children should be taken too literally and quoted as the law and gospel.

Certain rules of feeding laid down by Dr. MacCarthy for instance would undoubtedly be the cause of much discussion among professional people. But as a handbook it is sure to be helpful with its many practical suggestions as to the needs of children and how to meet them. It is evidently written by one who knows the common mistakes made by those to whose care children are entrusted, and who may be giving loving care without wisdom and understanding.

The book will be valuable because of the reasonableness and definiteness of the suggestions in the chapters dealing with the psychological needs of the child. Those who do not know will learn, and those who have been trained will be stimulated by reading this book.

WINIFRED RAND, R.N.,

*Director, Baby Hygiene Association, Boston, Mass.*

**STUDIES IN CHILD WELFARE: THE PHYSICAL GROWTH OF CHILDREN FROM BIRTH TO MATURITY, AND THE RELATION BETWEEN MENTAL AND PHYSICAL GROWTH.** By Bird T. Baldwin, M.D. Price, \$3.00.

Many years ago Dr. Baldwin saw the need for more scientific data on the growth of children, and undertook a series of experimental investigations on the problems of physical growth, individual differences in growth, interrelation of the growth of physical traits, basic principles of development and their relationships, and the physiological age, with practical application to nutrition, physical education, mental growth, social adjustments, school progress and the entrance of children into industry.

The results of Dr. Baldwin's detailed and analytical studies are valuable contributions to scientific knowledge on normal growth. He points out that the physiological age is directly related to stages of mental maturation. The physiologically more mature child has different attitudes, different types of emotions, different interests than a child who is physically younger, though of the same chronological age.

Dr. Baldwin emphasizes the need, in framing child labor legislation, that the physical development of the boy or girl, as well as the chronological age and school standing, be taken into consideration. Some children are sufficiently mature physically to meet the requirements of an age limit of fourteen or sixteen, while others are immature and in a stage of growth where more training and more opportunity for physical development are essential.

Dr. Baldwin's reports are rather too bulky and technical for general use, but should be extremely valuable as reference books, and undoubtedly will have a profound influence on future work with children.

HAZEL WEDGWOOD, R.N.,

*Associate Field Director, American Child Hygiene Assn.*

**AN ELEMENTARY MANUAL OF PHYSIOLOGY.** By Dr. Russell Burton-Opitz. W. B. Saunders Company, Philadelphia, Pa. Price, \$2.50.

This book is a careful and comprehensive study of physiology intended for student nurses and dietitians. As professional lecturer in Physiology at Teachers College, the author has had much experience in teaching this subject and ample opportunities to try out methods of presentation. Furthermore, his students have been enthusiastic, proving his ability to make it popular, by no means an easy task.

It is an attractive volume illustrated with cuts that are original, interesting and graphic. The order in which the topics are arranged is logical. Points are taken up and discussed sufficiently to make them clear, thus avoiding confusion. The first chapters discuss general physiology under living matter, general phenomena of life and general conditions of life, thus laying a good foundation for more detailed subject matter later. He deals mainly with physiology, giving enough anatomy for clarification.

The physiology of movement is introduced early,—a distinct improvement over many texts. The discussion of metabolism and internal secretions is especially good.

The rapidly increasing demand for a more complete knowledge of physiology by nurses justifies such a text. I predict that it will

be widely used, especially in the university schools. The schools of nursing which give very limited time (100 hours or less) to physiology will find it pretty difficult for a regular text book, but could quite profitably make use of it as a reference.

The style is clear and readable, yet not too easy. Personally, I do not like my intelligence affronted by primer language. He uses scientific language, introducing terms which, of course, should be a part of our vocabulary.

We are indebted to Prof. Burton-Opitz for this contribution to a field occupied by perhaps only two texts,—Kimber and Gray's *Anatomy and Physiology for Nurses* and Stiles' *Human Physiology*. The former could well be used with this new text. The latter is perhaps too brief for our purpose.

D. D. URCH, R.N.,

*Director of Education, Illinois Training School for Nurses.*

**A MANUAL OF OBSTETRICAL NURSING.** Prepared for use in connection with Text Books on Obstetrics. Nancy E. Cadmus, R.N. G. P. Putnam's Sons, New York. 100 Pages. Price, \$1.50.

The purpose of this Manual is to raise the standard of obstetrical nursing. If the outlines were followed in our schools by instructors with the aid of the supervisors, there would be brought about a definite and coöperative system which is badly needed in obstetrical nursing today, and which would secure far reaching results.

Miss Cadmus, after eleven years' experience as Superintendent of Manhattan Maternity and Dispensary of New York City, during six of which she was a member of the New York State Board of Nurses' Examiners, with the subject of Obstetrics assigned to her, realized the need for improved methods in teaching, study and supervision of this great branch of nursing. The Manual is the outgrowth of her broad and varied experience.

The first eleven chapters of the book are outlines similar to "The Plan of Study" by Miss Cadmus, found in DeLee's *Obstetrics for Nurses*. Part II gives outlines for lectures. Part III is devoted to quizzes which are planned to correlate theory with clinical methods. One wonders why this precedes instead of following Part IV. In Part IV the practical demonstrations well cover the essential procedures with which student nurses should be familiar before they are permitted to attempt the responsibility of obstetrical nursing. Part V pictures some of the marvelous results that can be obtained in the Public Health field and records those already secured by the Maternity Center Association of New York City.

Conditions prove the increasing demand for more enthusiastic

and better qualified nurses for maternity work. The Manual offers definite assistance by its concise presentation of practical plans which can be followed by coöperative workers. It offers specific and concrete help to all those who teach obstetrics.

SALLIE D. McDONALD, R.N.,  
*Harper Hospital, Detroit, Mich.*

**REPORT OF THE COMMITTEE ON THE TRAINING OF HOSPITAL EXECUTIVES.**—A committee appointed under the auspices of the Rockefeller Foundation, and of which Dr. David L. Edsall, Dean of the Harvard Medical School, is Chairman, recently presented an invaluable report, which is stated to be an attempt to present a composite picture of the American Hospital, and to suggest a basis for the training of hospital executives. The following extracts indicate the wide scope of the report:

Success in the war on disease is not promised by physical equipment, numerous organizations, numbers of professional workers or even by adequate knowledge of the problems involved, but it depends primarily upon the intelligent coördination of all the efforts and an energetic, simultaneous and sustained application of all the activities, operating as an organic unit, towards the same and reasonably defined objectives. \* \* \*

The common ground upon which the patient, the community and the professional groups meet and representing the general type of organization which, with proper amplification and development, can best meet the problems suggested, is the hospital. It evidently occupies a strategic mid-position and has open to it a great opportunity and a corresponding obligation, not as an institution for the salvage of human wreckage, but as a coördinator of activities—professional, economic and social—in their application upon the problems of health. In such a conception, the hospital represents not the administration alone, but a coöperative organization of workers and leaders devoted to the ideals of their respected professions. \* \* \*

It is noted that although several hospitals have set up more or less formal training for hospital superintendents, particularly for graduate nurses, and a number of hospitals have long been developing similar personnel under the direction of the executive no provision for this education on a university basis has been made. \* \* \*

The subject matter of a "course" in hospital administration is entirely subordinate to the qualifications, ideals and ability of the student, yet obviously the executive must have relative knowledge of the various activities in the field and such knowledge is best secured through actual training. What may be designated as an elementary

or *basic course* could be designed to present the objectives, ideals, function, organization, contacts and general features of hospital administration, serving at the same time as a method of learning the aptitudes as well as the limitations of the student. Such a training should embrace theoretical and practical work in the hospital-community-health problems. An intermediate course can well be provided for those who, for one or several reasons, will not take a full course of training. The major concern and the greatest contribution, however, should be in advanced work by and with a group of properly qualified individuals with vision, adequate training and industry who *can be developed into a group of leaders and investigators in the field of community health.* (Italics ours.—Ed.) \* \* \*

The length of these various phases of a common course must be determined in part by the subject matter to be covered and by practical considerations of the student and the field to be served. Consensus of opinion is that the basic course should probably be not more than eighteen months. Since it requires about four months to adequately cover a period of practical instruction in hospital operation, and a period of two months should be allowed for visiting other institutions and for final conferences, a total period of fifteen months seems to be the optimum length of the basic course, allowing a full nine months (corresponding to a university year) for theoretical-demonstration work. Possibly additional work in summer session should be given.

Suggested course: I. Public Health (20%); II. Social Sciences (15%); III. Organization (15%); IV. Hospital Functions and History (10%); V. Business Science (10%); VI. Institutional Management (10%); VII. Personnel Administration (5%); VIII. Community Hospital Needs (5%); IX. Physical Plant (5%); X. Jurisprudence (5%).

At the completion of this academic-demonstration-conference period of nine months, six months of practical work should follow under educational supervision, the first four months to be spent in visiting hospitals of different types, sizes and organizations with the aim of learning adaptations and modifications which are necessary to meet different situations. A final period could be best spent in a seminar of interpretation conferences and discussions. This whole course would not produce a finished hospital executive, but would provide a reasonably good background for future development either in the field of practical hospital and community health administration or for more advanced work in health economics. \* \* \*

Methods of stimulating and helping the large number of hospital superintendents now on the field will tend to elevate the entire level of health service. Provisions in a training center for promoting activities of this character would be highly desirable and helpful both to the field and to the center.

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